

SERFF Tracking Number:	MLLM-126729865	State:	Arkansas
Filing Company:	Kemper Investors Life Insurance Company	State Tracking Number:	46401
Company Tracking Number:	0146PAL02-08		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Flexible Premium Adjustable Life Insurance Policy		
Project Name/Number:	Kemper Investors Life Insurance Company/0146PAL02-08		

Filing at a Glance

Company: Kemper Investors Life Insurance Company

Product Name: Flexible Premium Adjustable SERFF Tr Num: MLLM-126729865 State: Arkansas
Life Insurance Policy

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 46401
Adjustable Life Closed

Sub-TOI: L09I.001 Single Life Co Tr Num: 0146PAL02-08 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Author: Jeff Kulesus	Disposition Date: 08/25/2010
Date Submitted: 08/04/2010	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:
State Filing Description:

General Information

Project Name: Kemper Investors Life Insurance Company

Project Number: 0146PAL02-08

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The forms have been filed in the domiciliary state, Illinois, and are then pending review and approval.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/25/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/19/2010

Deemer Date:

Submitted By: Jeff Kulesus

Filing Description:

Created By: Jeff Kulesus

Corresponding Filing Tracking Number:

Milliman, Inc. is filing this submission on behalf of Kemper Investors Life Insurance Company ("KILICO", or "the Company"). Attached is a letter signed by a KILICO officer authorizing Milliman, Inc. to submit this filing on their behalf.

The forms provided with this submission include a Flexible Premium Adjustable Life Insurance Policy, two Endorsements, three Riders, Life Insurance Application forms and applicable Questionnaires as follows:

SERFF Tracking Number: MLLM-126729865 State: Arkansas
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Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

UL121AR-01, Flexible Premium Adjustable Life Insurance Policy
ZM-10300GK (07/10), Part I of Application for Life Insurance
ZM-10000GK (07/10), Part II of Application for Individual Life Insurance
UL121RPE-01, Replacement Endorsement
UL121DK, Right to Examine and Cancel Policy
UL121AVE-01, Aviation Risks Exclusion Endorsement
RLP121-01, Lapse Protection Benefit Rider
RME121-01, Maturity Extension Rider
RAccBen-01, Accelerated Benefit Rider for Terminal Illness
ZM-10070FK (6/10), Foreign Travel Questionnaire
ZM;10050GK (07/10), Alcohol and Drug Use Questionnaire
ZM-10060GK (07/10), Aviation Questionnaire
ZM-10040FK (06/10), Avocation Questionnaire
A1-18997-A 07/10, Financial Questionnaire

Application forms, riders, questionnaires and endorsements will become part of the policy. The above listed forms are new and do not replace any existing forms previously filed with the Department.

The new policy, form number UL121AR-01, was designed as a base policy to be used with the 2001 CSO tables. It will be marketed with an illustration through a network of independent brokers. Form UL121AR-01 utilizes the Guideline Premium/Corridor test as the federal tax code compliance approach for the definition of life insurance. The policy will be issued on a sex-distinct basis.

The policy references two death benefit options: Option A and Option C. Please note that the Company has no intention to offer death benefit Option B, but that subsequent product versions may include an Option B. Any such new death benefit option will be filed for review and approval before use.

If form UL121AR-01 is issued as a replacement policy, the entire front cover Right to Examine This Policy provision will be replaced by the application of a sticker, form UL121DK. Form UL121DK is identical to the existing policy Right to Examine This Policy provision with the exception that the right to examine period will be shown as 30 days instead of 20 days.

The product includes a lapse protection account formulation as described in the Lapse Protection Benefit Rider provided with this submission.

A copy of Accelerated Benefits Disclosure Statement form AccBen is provided for informational purposes under the

SERFF Tracking Number: MLLM-126729865 State: Arkansas
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Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Supporting Documentation Tab.

In support of this filing we are further submitting the following items:

1. Statement of Actuarial Basis for the base policy (form UL121AR-01)
2. Statement of Actuarial Basis for the riders
3. Required Summary and Disclosure Statement for Accelerated Benefits (AccBen)
4. Flesch Score Certification
5. Statements of Variable Language
6. Authorization letter.

All applicable filing fees are being submitted via EFT through SERFF.

Thank you for your consideration of our filing. Please do not hesitate to contact me if you have any questions or concerns.

Company and Contact

Filing Contact Information

Jeff Kulesus, Consultant Jeff.Kulesus@Milliman.com
2 Conway Park, Ste. 180 312-499-5635 [Phone]
150 Field Drive 847-604-8671 [FAX]
Lake Forest, IL 60045

Filing Company Information

(This filing was made by a third party - MUSA01)

Kemper Investors Life Insurance Company	CoCode: 90557	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type: Life and Annuity
Schaumburg, IL 60196-6801	Group Name:	State ID Number:
(887) 275-6017 ext. [Phone]	FEIN Number: 36-3050975	

Filing Fees

Fee Required? Yes
Fee Amount: \$700.00
Retaliatory? Yes

SERFF Tracking Number: *MLLM-126729865* *State:* *Arkansas*
Filing Company: *Kemper Investors Life Insurance Company* *State Tracking Number:* *46401*
Company Tracking Number: *0146PAL02-08*
TOI: *L09I Individual Life - Flexible Premium* *Sub-TOI:* *L09I.001 Single Life*
 Adjustable Life
Product Name: *Flexible Premium Adjustable Life Insurance Policy*
Project Name/Number: *Kemper Investors Life Insurance Company/0146PAL02-08*
Fee Explanation: *14 forms x \$50.00@ = \$700.00*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kemper Investors Life Insurance Company	\$700.00	08/04/2010	38526730

SERFF Tracking Number: MLLM-126729865 State: Arkansas
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Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/25/2010	08/25/2010
Approved-Closed	Linda Bird	08/19/2010	08/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/11/2010	08/11/2010	Jeff Kulesus	08/18/2010	08/18/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Flexible Premium Adjustable Life Insurance Policy	Jeff Kulesus	08/25/2010	08/25/2010
Supporting Document	Copy of Revised Form UL121AR-01 Showing Changes Marked	Jeff Kulesus	08/25/2010	08/25/2010
Form	Flexible Premium Adjustable Life Insurance Policy	Jeff Kulesus	08/05/2010	08/05/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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SERFF Tracking Number: MLLM-126729865 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401
Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Comments Regarding Revised Form Note To Reviewer Jeff Kulesus 08/25/2010 08/25/2010
UL121AR-01

Request to Re-Open Filing Note To Filer Linda Bird 08/25/2010 08/25/2010

<i>SERFF Tracking Number:</i>	<i>MLLM-126729865</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kemper Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46401</i>
<i>Company Tracking Number:</i>	<i>0146PAL02-08</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Flexible Premium Adjustable Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Kemper Investors Life Insurance Company/0146PAL02-08</i>		

Disposition

Disposition Date: 08/25/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has corrected a typographical error on form UL121ARA-01 on Page 17 of the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: MLLM-126729865 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401
Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Statements of Variability		Yes
Supporting Document	Accelerated Benefits Disclosure Statement		Yes
Supporting Document	Actuarial Memoranda and Actuarial Certification		No
Supporting Document	Compliance Certification		Yes
Supporting Document	Certification of Compliance With Regulation 34 and Bulletin 11-83		Yes
Supporting Document	Copy of Revised Form UL121AR-01 Showing Changes Marked		Yes
Form (revised)	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Part I Application for Life Insurance		Yes
Form	Part II of Application for Individual Life Insurance		Yes
Form	Replacement Endorsement		Yes
Form	30-Day Right to Examine and Cancel Policy		Yes
Form	Aviation Risks Exclusion Endorsement		Yes
Form	Lapse Protection Benefit Rider		Yes
Form	Maturity Extension Rider		Yes
Form	Accelerated Benefit Rider for Terminal Illness		Yes
Form	Foreign Travel Questionnaire		Yes
Form	Alcohol and Drug Use Questionnaire		Yes
Form	Aviation Questionnaire		Yes

SERFF Tracking Number:	MLLM-126729865	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	Flexible Premium Adjustable Life Insurance Policy		
Project Name/Number:	Kemper Investors Life Insurance Company/0146PAL02-08		

Form	Avocation Questionnaire	Yes
Form	Financial Questionnaire	Yes

<i>SERFF Tracking Number:</i>	<i>MLLM-126729865</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kemper Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46401</i>
<i>Company Tracking Number:</i>	<i>0146PAL02-08</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Flexible Premium Adjustable Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Kemper Investors Life Insurance Company/0146PAL02-08</i>		

Disposition

Disposition Date: 08/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MLLM-126729865 State: Arkansas
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Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Statements of Variability		Yes
Supporting Document	Accelerated Benefits Disclosure Statement		Yes
Supporting Document	Actuarial Memoranda and Actuarial Certification		No
Supporting Document	Compliance Certification		Yes
Supporting Document	Certification of Compliance With Regulation 34 and Bulletin 11-83		Yes
Supporting Document	Copy of Revised Form UL121AR-01 Showing Changes Marked		Yes
Form (revised)	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Part I Application for Life Insurance		Yes
Form	Part II of Application for Individual Life Insurance		Yes
Form	Replacement Endorsement		Yes
Form	30-Day Right to Examine and Cancel Policy		Yes
Form	Aviation Risks Exclusion Endorsement		Yes
Form	Lapse Protection Benefit Rider		Yes
Form	Maturity Extension Rider		Yes
Form	Accelerated Benefit Rider for Terminal Illness		Yes
Form	Foreign Travel Questionnaire		Yes
Form	Alcohol and Drug Use Questionnaire		Yes
Form	Aviation Questionnaire		Yes

<i>SERFF Tracking Number:</i>	<i>MLLM-126729865</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kemper Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46401</i>
<i>Company Tracking Number:</i>	<i>0146PAL02-08</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Flexible Premium Adjustable Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Kemper Investors Life Insurance Company/0146PAL02-08</i>		

Form	Avocation Questionnaire	Yes
Form	Financial Questionnaire	Yes

SERFF Tracking Number:	MLLM-126729865	State:	Arkansas
Filing Company:	Kemper Investors Life Insurance Company	State Tracking Number:	46401
Company Tracking Number:	0146PAL02-08		
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	Flexible Premium Adjustable Life Insurance Policy		
Project Name/Number:	Kemper Investors Life Insurance Company/0146PAL02-08		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/11/2010
Submitted Date	08/11/2010
Respond By Date	09/13/2010
Dear Jeff Kulesus,	

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: MLLM-126729865 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401
Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/18/2010
Submitted Date 08/18/2010

Dear Linda Bird,

Comments:

Thank you for your 08-11-2010 objection letter.

Response 1

Comments: Attached is an officer-signed certification attesting to compliance with the requirements of Regulation 34 and Bulletin 11-83.

Related Objection 1

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance With Regulation 34 and Bulletin 11-83

Comment: Certification of Compliance With Regulation 34 and Bulletin 11-83

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We request that the certification be added to this submission.

Thank you for your continued review and consideration of this submission.

Sincerely,
Jeff Kulesus

Note To Reviewer

Jeff Kulesus on 08/25/2010 09:19 AM

Jeff Kulesus

08/25/2010 09:19 AM

Comments Regarding Revised Form UL121AR-01

Attached is a revised copy of form UL121AR-01 which corrects a typographical error on Page 17. A copy of the revised form showing all changes marked has also been attached to the Supporting Documentation Tab for your convenience. I certify by way of this amendment that none of the forms associated with this submission have been marked, sold or issued in the State of Alabama. I also certify on behalf of the Company that no other changes have been made to form UL121AR-01, except as shown in the copy of that form showing all changes marked and request that the revised form UL121AR-01 be substituted for the corresponding form previously provided with this submission.

SERFF Tracking Number: MLLM-126729865 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401
Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Amendment Letter

Submitted Date: 08/25/2010

Comments:

Attached is a revised copy of form UL121AR-01 which corrects a typographical error on Page 17. A copy of the revised form showing all changes marked has also been attached to the Supporting Documentation Tab for your convenience. I certify by way of this amendment that none of the forms associated with this submission have been marked, sold or issued in the State of Alabama. I also certify on behalf of the Company that no other changes have been made to form UL121AR-01, except as shown in the copy of that form showing all changes marked and request that the revised form UL121AR-01 be substituted for the corresponding form previously provided with this submission.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
UL121AR-01	Policy/Contr act/Fraternal Certificate: Amendment, Life Insert Page, Endorsement or Rider	Flexible Premium Adjustable Life Insurance Policy	Initial				52.700	AR UL121AR-01 Flexible Premium Adjustable Life Insurance Policy 08-24-2010.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Copy of Revised Form UL121AR-01 Showing Changes Marked

Comment: Attached is a copy of revised form UL121AR-01 showing all changes marked.

AR UL121AR-01 Flexible Premium Adjustable Life Insurance Policy 08-24-2010 Changes Marked.pdf

Note To Filer

Linda Bird on 08/25/2010 09:06 AM

Linda Bird

08/25/2010 09:06 AM

Request to Re-Open Filing

Filing has been reopened in order for correction to be made on the original submission.

SERFF Tracking Number: MLLM-126729865 State: Arkansas

Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401

Company Tracking Number: 0146PAL02-08

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Amendment Letter

Submitted Date: 08/05/2010

Comments:

Please substitute the attached copy of form UL121AR-01 for the copy of the same form provided with the initial submission. This revision corrects typographical errors in page references as shown in the Table of Contents.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
UL121AR-01	Policy/Contr	Flexible act/Fraternal Premium Certificate: Adjustable Amendment, Life Insert Insurance Policy Page, Endorsement or Rider	Initial				52.700	AR UL121AR-01 Flexible Premium Adjustable Life Insurance Policy 08-05-2010.pdf

SERFF Tracking Number: MLLM-126729865 State: Arkansas

Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401

Company Tracking Number: 0146PAL02-08

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Form Schedule

Lead Form Number: UL121AR-01

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UL121AR-01	Policy/Cont Flexible Premium ract/Fratern Adjustable Life al Insurance Policy Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.700	AR UL121AR-01 Flexible Premium Adjustable Life Insurance Policy 08-24-2010.pdf
	ZM-10300GK (07/10)	Application/ Part I Application for Enrollment Life Insurance Form	Initial		52.700	ZM-10300GK (07-10) Part I Application for Life Insurance 07-20-2010.pdf
	ZM-10000GK (07/10)	Application/ Part II of Application Enrollment for Individual Life Insurance Form	Initial		55.800	ZM-10000GK (07-10) Part II of Application for Individual Life Insurance 07-20-2010.pdf
	UL121RPE-01	Policy/Cont Replacement ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme	Initial		50.800	UL121RPE-01 Replacement Endorsement 08-04-2010.pdf

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Product Name: Flexible Premium Adjustable Life Insurance Policy
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nt or Rider					
UL121DK	Other	30-Day Right to Examine and Cancel Policy	Initial	52.900	UL121DK 30- Day Right to Examine Policy 07-20- 2010.pdf
UL121AVE-01	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Aviation Risks Exclusion Endorsement	Initial	53.200	UL121AVE- 01 Aviation Risks Exclusion Endorsement 07-20- 2010.pdf
RLP121-01	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Lapse Protection Benefit Rider	Initial	52.600	RLP121-01 Lapse Protection Benefit Rider 07-20- 2010.pdf
RME121-01	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Maturity Extension Rider	Initial	51.800	RME121-01 Maturity Extension Rider 07-20- 2010.pdf
RAccBen-01	Policy/Cont ract/Fratern al Certificate:	Accelerated Benefit Rider for Terminal Illness	Initial	50.100	RAccBen- 01Accelerate d Benefit Rider For

SERFF Tracking Number: MLLM-126729865 State: Arkansas

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Product Name: Flexible Premium Adjustable Life Insurance Policy

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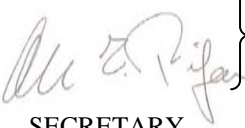
	Amendmen				Terminal
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	Page,				2010.pdf
	Endorseme				
	nt or Rider				
ZM-10070FK (6/10)	Application/ Foreign Travel Enrollment Questionnaire Form	Initial	75.700	ZM-10070FK (06-10) Foreign Travel Questionnaire 07-20-2010.pdf	
ZM-10050GK (07/10)	Application/ Alcohol and Drug Enrollment Use Questionnaire Form	Initial	72.500	ZM-10050GK (07-10) Alcohol and Drug Questionnaire 07-20-2010.pdf	
ZM-10060GK (07/10)	Application/ Aviation Enrollment Questionnaire Form	Initial	60.500	ZM-10060GK (07-10) Aviation Questionnaire 07-20-2010.pdf	
ZM-10040FK (06/10)	Application/ Avocation Enrollment Questionnaire Form	Initial	70.800	ZM-10040FK (06-10) Avocation Questionnaire 07-20-2010.pdf	
A1-18997-1 07/10	Application/ Financial Enrollment Questionnaire Form	Initial	54.000	A1-18997-A 07-10 Financial Questionnaire 07-20-2010.pdf	

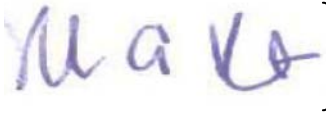
KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Toll Free Telephone Number [(877) 678 -7534]


SECRETARY


PRESIDENT

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

The benefits, Policy Value, period of coverage and premiums for this policy are on an indeterminate basis. The initial interest rate is guaranteed only for a limited period of time.

PLEASE READ THIS POLICY AND REVIEW THE APPLICATION CAREFULLY. This policy is a legal contract between You and Kemper Investors Life Insurance Company. We are issuing this policy based on payment of the Initial Premium and the answers in the application (see attached copy). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify Us within ten (10) days from the date this policy is delivered to You.

This is a flexible premium universal life insurance policy with an adjustable death benefit. We insure the person named as the Insured on the Schedule Page in accordance with the provisions of this policy. We will pay the Death Benefit as described in the Death Benefit provision and in accordance with the Beneficiary provision when We receive due proof of death of the Insured while this policy is in force, subject to the terms of this policy.

RIGHT TO EXAMINE AND CANCEL POLICY.

20-DAY RIGHT TO EXAMINE THIS POLICY. You may cancel this policy by delivering or mailing a Written Notice to Kemper Investors Life Insurance Company, [Schaumburg, Illinois 60196-6801] or sending an e-mail to [life.customercare@zurichna.com], or to the agent or agency from whom You purchased the policy and by returning the policy before midnight of the 20th day after you received the policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments, fees and charges, less partial withdrawals made for this policy within 20 days after it receives notice of cancellation and the returned policy.

If returned, the policy or contract will be considered void from the beginning.

Adjustable Death Benefit
Insurance Amount Payable at Death of Insured Prior to Maturity
Flexible Premiums Payable During Lifetime of the Insured
Nonparticipating/No Dividends

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ENDORSEMENTS

To be made only by Us at Our Home Office.

SCHEDULE PAGE

Policy Number: [1234567890]

Insured: [John Doe]

Issue Age and Gender: [35, Male]

Owner: [John Doe]

Policy Date: [April 1, 2010]
Issue Date: [April 1, 2010]
Maturity Date: [April 1, 2096]

Initial Specified Amount (Excluding Riders): \$[2,500,000]
Minimum Specified Amount: \$ [250,000.00]

Premium Class: [Standard Nontobacco]
[Table Extra: [50.0]% extra cost of insurance [(Table 2)]]
[Flat Extra Charge: \$[15.00] per \$1,000 of amount at risk for [3] years]
Basis of Values: 2001 CSO [Male Nonsmoker] Mortality Table,
Age Nearest Birthday

Guaranteed Minimum Credited Interest Rate: 2.0% Per Year (Equivalent to 0.16516% Per Month)

Planned Periodic Premium: \$[15,482.50]
Premium Frequency: [Annually]
Initial Premium: \$[15,482.50]
Minimum Premium: \$[14,190.70] Per Year for the First 3 Policy Years
Lapse Protection Premium (Account Value A): \$[15,482.50]
Maximum Lapse Protection Period: To Insured Attained Age 121
Guaranteed Premium for Selected
Lapse Protection Benefit Period: \$[15,482.50] for [65] years
Initial Selected Lapse Protection Benefit Period: To Insured Attained Age [100]

Plan: Flexible Premium Adjustable Life
Death Benefit Option: [A]

Issue State: [Pennsylvania]

Department of Insurance Telephone Number: [123-456-7890]

The policy may not mature even if Planned Periodic Premiums are paid because the current cost of insurance and interest rates are not guaranteed, policy loans and partial withdrawals may be taken, and there may be changes to the Specified Amount.

At some future time, the Policy Value may not cover the next Monthly Deductions. When that occurs, the policy may enter the Grace Period and will terminate at the end of that period if sufficient premium to cover the Monthly Deductions is not paid before the end of the Grace Period.

Costs of insurance, expense charges, and other charges for riders and endorsements, if any, are shown on the rider schedule page(s).

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Table of Monthly Guaranteed Cost of Insurance Rates Per \$1,000 of Amount At Risk

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.091	65	31	1.289	95	61	22.266
36	2	0.096	66	32	1.418	96	62	23.649
37	3	0.100	67	33	1.548	97	63	25.124
38	4	0.108	68	34	1.688	98	64	26.698
39	5	0.114	69	35	1.833	99	65	28.378
40	6	0.122	70	36	2.008	100	66	30.175
41	7	0.132	71	37	2.205	101	67	31.601
42	8	0.144	72	38	2.463	102	68	33.120
43	9	0.158	73	39	2.736	103	69	34.737
44	10	0.175	74	40	3.023	104	70	36.457
45	11	0.194	75	41	3.336	105	71	38.261
46	12	0.213	76	42	3.678	106	72	40.179
47	13	0.233	77	43	4.074	107	73	42.218
48	14	0.244	78	44	4.538	108	74	44.386
49	15	0.258	79	45	5.073	109	75	46.688
50	16	0.277	80	46	5.656	110	76	49.133
51	17	0.299	81	47	6.320	111	77	51.728
52	18	0.330	82	48	7.012	112	78	54.483
53	19	0.363	83	49	7.758	113	79	57.409
54	20	0.406	84	50	8.583	114	80	60.513
55	21	0.458	85	51	9.506	115	81	63.806
56	22	0.512	86	52	10.528	116	82	67.299
57	23	0.569	87	53	11.645	117	83	71.004
58	24	0.618	88	54	12.842	118	84	74.935
59	25	0.675	89	55	14.104	119	85	79.102
60	26	0.743	90	56	15.422	120	86	83.333
61	27	0.827	91	57	16.661			
62	28	0.928	92	58	17.953			
63	29	1.043	93	59	19.315			
64	30	1.163	94	60	20.754			

The monthly guaranteed cost of insurance rates shown above are based on the 2001 Commissioner's Standard Ordinary Smoker/Non smoker Mortality Table, Age Nearest Birthday and the Insured's gender and premium class at issue. Actual monthly cost of insurance rates will be determined by Us based on Our expectations as to future experience. However, these actual costs of insurance rate will not be greater than those shown above.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Expense Charges

Guaranteed Maximum Monthly Expense Charges:	\$7.50 Per Policy
Percentage of Premium Expense Charges (Guaranteed Maximum):	7.5% on All Premium Received in All Policy Years
Guaranteed Monthly Policy Load Per \$1,000 Specified Amount:	[\$1.00] All Policy Years

**TABLE OF SURRENDER CHARGES FOR
POLICY SURRENDER**

Year	Charge
1	\$ 46,925.00
2	44,875.00
3	42,775.00
4	40,650.00
5	38,475.00
6	36,250.00
7	34,000.00
8	31,700.00
9	29,350.00
10	26,950.00
11	24,500.00
12	22,000.00
13	19,450.00
14	16,850.00
15	14,200.00
16	11,500.00
17	8,700.00
18	5,875.00
19	2,975.00
20	\$ 0.00
And Thereafter	

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Death Benefit As A Percentage of Policy Value Table

Attained Age	Percentage	Attained Age	Percentage
0-40	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94-100	101
59	134	101+	100
60	130		

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Minimum Increase in Specified Amount:	\$[50,000.00]
Minimum Decrease in Specified Amount:	\$[25,000.00]
Minimum Planned Periodic Premium:	\$[200.00]
Minimum Partial Withdrawal Amount:	\$[2,000.00]
Minimum Premium Payable For:	[3] Years
Maximum Partial Withdrawal Fee:	\$[50.00]
Maximum Attained Age for an Increase or Reinstatement:	[80]
Maximum Loan Interest Rate:	6.0% (Annual Effective Rate in Arrears)
Minimum Loan Amount:	\$[2,000.00]
Threshold Percentage for Calculation of Lapse Protection Account B Credited Interest:	[150.0]%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A

Lapse Protection Account Value A Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value A Cost of Insurance Rates are only used to determine the balance of Account Value A and have no bearing on the Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table

The Lapse Protection Account Value A premium loads are used to determine the monthly value of Lapse Protection Account A. There are two premium loads. The first Lapse Protection Account Value A premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value A premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	10.00%	31	0.4868%	10.00%	\$49,931.88	10.00%
2	0.4074%	10.00%	30,965.00	10.00%	32	0.4868%	10.00%	54,857.21	10.00%
3	0.4074%	10.00%	30,965.00	10.00%	33	0.5654%	10.00%	59,838.22	10.00%
4	0.4074%	10.00%	30,965.00	10.00%	34	0.5654%	10.00%	65,193.06	10.00%
5	0.4074%	10.00%	30,965.00	10.00%	35	0.6434%	10.00%	70,728.96	10.00%
6	0.4074%	10.00%	30,965.00	10.00%	36	0.6434%	10.00%	77,428.19	10.00%
7	0.4074%	10.00%	30,965.00	10.00%	37	0.7207%	10.00%	84,903.22	10.00%
8	0.4074%	10.00%	30,965.00	10.00%	38	0.7207%	10.00%	94,693.40	10.00%
9	0.4074%	10.00%	30,965.00	10.00%	39	0.7207%	10.00%	104,985.26	10.00%
10	0.4074%	10.00%	30,965.00	10.00%	40	0.7207%	10.00%	115,773.27	10.00%
11	0.4074%	10.00%	30,965.00	10.00%	41	0.7207%	10.00%	127,519.43	10.00%
12	0.4074%	10.00%	30,965.00	10.00%	42	0.7974%	10.00%	140,273.90	10.00%
13	0.4074%	10.00%	30,965.00	10.00%	43	0.7974%	10.00%	155,011.45	10.00%
14	0.4074%	10.00%	30,965.00	10.00%	44	0.7974%	10.00%	172,131.08	10.00%
15	0.4074%	10.00%	30,965.00	10.00%	45	0.7974%	10.00%	191,772.37	10.00%
16	0.4074%	10.00%	30,965.00	10.00%	46	0.8735%	10.00%	213,034.99	10.00%
17	0.4074%	10.00%	30,965.00	10.00%	47	0.8735%	10.00%	237,051.09	10.00%
18	0.4074%	10.00%	30,965.00	10.00%	48	0.8735%	10.00%	261,845.19	10.00%
19	0.4074%	10.00%	30,965.00	10.00%	49	0.8735%	10.00%	288,336.07	10.00%
20	0.4074%	10.00%	30,965.00	10.00%	50	0.8735%	10.00%	317,374.84	10.00%
21	0.4074%	10.00%	30,965.00	10.00%	51	0.9489%	10.00%	349,452.17	10.00%
22	0.4074%	10.00%	30,965.00	10.00%	52	0.9489%	10.00%	384,567.72	10.00%
23	0.4074%	10.00%	30,965.00	10.00%	53	0.9489%	10.00%	422,397.46	10.00%
24	0.4074%	10.00%	30,965.00	10.00%	54	0.9489%	10.00%	462,344.02	10.00%
25	0.4074%	10.00%	30,965.00	10.00%	55	0.9489%	10.00%	503,833.50	10.00%
26	0.4074%	10.00%	30,965.00	10.00%	56	1.0237%	10.00%	546,426.24	10.00%
27	0.4074%	10.00%	32,113.77	10.00%	57	1.0237%	10.00%	585,841.48	10.00%
28	0.4074%	10.00%	36,039.66	10.00%	58	1.0237%	10.00%	626,272.51	10.00%
29	0.4074%	10.00%	40,442.11	10.00%	59	1.0237%	10.00%	668,210.22	10.00%
30	0.4074%	10.00%	45,062.53	10.00%	60	1.0237%	10.00%	711,729.74	10.00%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium
61	1.0237%	10.00%	\$756,597.82	10.00%	76	1.0237%	10.00%	\$1,427,530.52	10.00%
62	1.0237%	10.00%	796,914.29	10.00%	77	1.0237%	10.00%	1,481,309.05	10.00%
63	1.0237%	10.00%	839,138.03	10.00%	78	1.0237%	10.00%	1,536,547.09	10.00%
64	1.0237%	10.00%	883,340.45	10.00%	79	1.0237%	10.00%	1,593,212.28	10.00%
65	1.0237%	10.00%	929,563.60	10.00%	80	1.0237%	10.00%	1,651,152.04	10.00%
66	1.0237%	10.00%	977,931.75	10.00%	81	1.0237%	10.00%	1,710,299.99	10.00%
67	1.0237%	10.00%	1,015,550.54	10.00%	82	1.0237%	10.00%	1,770,519.10	10.00%
68	1.0237%	10.00%	1,054,901.66	10.00%	83	1.0237%	10.00%	1,831,678.31	10.00%
69	1.0237%	10.00%	1,095,967.48	10.00%	84	1.0237%	10.00%	1,893,661.19	10.00%
70	1.0237%	10.00%	1,138,760.38	10.00%	85	1.0237%	10.00%	1,956,258.24	10.00%
71	1.0237%	10.00%	1,182,675.09	10.00%	86	1.0237%	10.00%	2,016,733.09	10.00%
72	1.0237%	10.00%	1,228,303.38	10.00%					
73	1.0237%	10.00%	1,275,632.10	10.00%					
74	1.0237%	10.00%	1,324,649.35	10.00%					
75	1.0237%	10.00%	1,375,305.02	10.00%					

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B

Lapse Protection Account Value B Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value B Cost of Insurance Rates are only used to determine the balance of Account Value B and have no bearing on Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table

The Lapse Protection Account Value B premium loads are used to determine the monthly value of Lapse Protection Account B. There are two premium loads. The first Lapse Protection Account Value B premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value B premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	15.25%	31	0.4074%	10.00%	\$49,931.88	16.00%
2	0.4074%	10.00%	30,965.00	10.75%	32	0.4074%	10.00%	54,857.21	16.00%
3	0.4074%	10.00%	30,965.00	10.75%	33	0.4074%	10.00%	59,838.22	16.00%
4	0.4074%	10.00%	30,965.00	10.75%	34	0.4074%	10.00%	65,193.06	16.00%
5	0.4074%	10.00%	30,965.00	10.75%	35	0.4074%	10.00%	70,728.96	16.00%
6	0.4074%	10.00%	30,965.00	16.00%	36	0.4074%	10.00%	77,428.19	16.00%
7	0.4074%	10.00%	30,965.00	16.00%	37	0.4074%	10.00%	84,903.22	16.00%
8	0.4074%	10.00%	30,965.00	16.00%	38	0.4074%	10.00%	94,693.40	16.00%
9	0.4074%	10.00%	30,965.00	16.00%	39	0.4074%	10.00%	104,985.26	16.00%
10	0.4074%	10.00%	30,965.00	16.00%	40	0.4074%	10.00%	115,773.27	16.00%
11	0.4074%	10.00%	30,965.00	16.00%	41	0.4074%	10.00%	127,519.43	16.00%
12	0.4074%	10.00%	30,965.00	16.00%	42	0.4074%	10.00%	140,273.90	16.00%
13	0.4074%	10.00%	30,965.00	16.00%	43	0.4074%	10.00%	155,011.45	16.00%
14	0.4074%	10.00%	30,965.00	16.00%	44	0.4074%	10.00%	172,131.08	16.00%
15	0.4074%	10.00%	30,965.00	16.00%	45	0.4074%	10.00%	191,772.37	16.00%
16	0.4074%	10.00%	30,965.00	16.00%	46	0.4074%	10.00%	213,034.99	16.00%
17	0.4074%	10.00%	30,965.00	16.00%	47	0.4074%	10.00%	237,051.09	16.00%
18	0.4074%	10.00%	30,965.00	16.00%	48	0.4074%	10.00%	261,845.19	16.00%
19	0.4074%	10.00%	30,965.00	16.00%	49	0.4074%	10.00%	288,336.07	16.00%
20	0.4074%	10.00%	30,965.00	16.00%	50	0.4074%	10.00%	317,374.84	16.00%
21	0.4074%	10.00%	30,965.00	16.00%	51	0.4074%	10.00%	349,452.17	16.00%
22	0.4074%	10.00%	30,965.00	16.00%	52	0.4074%	10.00%	384,567.72	16.00%
23	0.4074%	10.00%	30,965.00	16.00%	53	0.4074%	10.00%	422,397.46	16.00%
24	0.4074%	10.00%	30,965.00	16.00%	54	0.4074%	10.00%	462,344.02	16.00%
25	0.4074%	10.00%	30,965.00	16.00%	55	0.4074%	10.00%	503,833.50	16.00%
26	0.4074%	10.00%	30,965.00	16.00%	56	0.4074%	10.00%	546,426.24	16.00%
27	0.4074%	10.00%	32,113.77	16.00%	57	0.4074%	10.00%	585,841.48	16.00%
28	0.4074%	10.00%	36,039.66	16.00%	58	0.4074%	10.00%	626,272.51	16.00%
29	0.4074%	10.00%	40,442.11	16.00%	59	0.4074%	10.00%	668,210.22	16.00%
30	0.4074%	10.00%	45,062.53	16.00%	60	0.4074%	10.00%	711,729.74	16.00%

* [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than [150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
61	0.4074%	10.00%	\$756,597.82	16.00%	76	0.4074%	10.00%	\$1,427,530.52	16.00%
62	0.4074%	10.00%	796,914.29	16.00%	77	0.4074%	10.00%	1,481,309.05	16.00%
63	0.4074%	10.00%	839,138.03	16.00%	78	0.4074%	10.00%	1,536,547.09	16.00%
64	0.4074%	10.00%	883,340.45	16.00%	79	0.4074%	10.00%	1,593,212.28	16.00%
65	0.4074%	10.00%	929,563.60	16.00%	80	0.4074%	10.00%	1,651,152.04	16.00%
66	0.4074%	10.00%	977,931.75	16.00%	81	0.4074%	10.00%	1,710,299.99	16.00%
67	0.4074%	10.00%	1,015,550.54	16.00%	82	0.4074%	10.00%	1,770,519.10	16.00%
68	0.4074%	10.00%	1,054,901.66	16.00%	83	0.4074%	10.00%	1,831,678.31	16.00%
69	0.4074%	10.00%	1,095,967.48	16.00%	84	0.4074%	10.00%	1,893,661.19	16.00%
70	0.4074%	10.00%	1,138,760.38	16.00%	85	0.4074%	10.00%	1,956,258.24	16.00%
71	0.4074%	10.00%	1,182,675.09	16.00%	86	0.4074%	10.00%	2,016,733.09	16.00%
72	0.4074%	10.00%	1,228,303.38	16.00%					
73	0.4074%	10.00%	1,275,632.10	16.00%					
74	0.4074%	10.00%	1,324,649.35	16.00%					
75	0.4074%	10.00%	1,375,305.02	16.00%					

* [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than [150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

DEFINITIONS

Defined terms are capitalized throughout this policy.

ATTAINED AGE. Means the Issue Age plus the number of completed policy years. With respect to any increase in the Specified Amount, Attained Age means the Issue Age for the increase plus the number of completed policy years.

CASH VALUE. Means the Policy Value less the Surrender Charge as described on the Schedule Page.

DATE OF ISSUE. Means the date on which the suicide and incontestability periods begin. If We have received the Initial Premium from You, the Date of Issue will also be the date when You have life insurance coverage with Us. If We have not received the Initial Premium from You, You WILL NOT have coverage until the date on which We receive the Initial Premium from You.

HOME AREA. Means anywhere within the 50 states of the United States and its territories, the District of Columbia and Canada.

INITIAL PREMIUM. Means the first premium paid under this policy and as described on the Schedule Page.

INSURED. Means the person shown on the Schedule Page upon whose life this policy is issued.

ISSUE AGE. Means the Insured's age as of the nearest birthday on the Policy Date. With respect to any increase in the Specified Amount, Issue Age means the Insured's age as of the nearest birthday to the date of the increase.

MATURITY DATE. Means the date on which this policy will mature as shown on the Schedule Page.

MINIMUM PREMIUM. Means a premium used to define a required level of premium payments during the first three policy years.

MONTHLY DATE. Means the same day of each month as the Policy Date.

MONTHLY DEDUCTIONS. Means charges made against the Policy Value on each Monthly Date for the coverage provided by this policy and any attached riders.

OWNER. The natural person or entity who has the rights of ownership of this policy.

PLANNED PERIODIC PREMIUM. Means a level premium You intend to pay at a fixed interval. The Planned Periodic Premium is shown on the Schedule Page.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The Policy Date will be determined by Us unless You request a different Policy Date that We approve. If the Date of Issue is after the Policy Date or We have not received the Initial Premium from You, You WILL NOT have life insurance coverage on the Policy Date. The insurance age of the Insured is Issue Age on the Policy Date.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans. If the Policy Debt equals or exceeds the Cash Value, this policy will terminate and have no value subject to the terms of the Grace Period, Premiums and Reinstatement provisions.

POLICY VALUE. On the Date of Issue, is equal to the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any monthly anniversary will be calculated as described in the Policy Values section of this policy.

SPECIFIED AMOUNT. Means a dollar amount used to determine the death benefit of Your policy. It is shown on the Schedule Page. You may increase or decrease it as described in Your policy.

SURRENDER. Means termination of this policy at Your request for its Surrender Value while the Insured is alive.

SURRENDER CHARGE. Means the charge subtracted from the Policy Value on the Surrender of this policy and as shown on the Schedule Page.

SURRENDER VALUE. Means the Policy Value, minus Surrender Charges, minus any Policy Debt. If the full Surrender Value is withdrawn, this policy will terminate. This termination is known as Surrender.

WE, US, OUR. Means Kemper Investors Life Insurance Company.

WRITTEN NOTICE, Means information We have received at the address(es) shown on the first page of this policy which is written, is signed by You, and is acceptable to Us.

YOU, YOUR. Means the owner as shown on the Schedule Page unless change. The Insured may or may not be the Owner.

OWNERSHIP

The Insured is the Owner unless otherwise stated in the application or later changed. If the Owner dies before the Insured, the successor Owner named in the application is the new Owner. If there is no successor Owner, then the Owner's estate becomes the new Owner. The Owner, or successor or transferee has all rights in this policy. All policy rights will be subject to any assignment and to the rights of any irrevocable Beneficiary. These rights may be exercised only during the lifetime of the Insured.

Subject to any legal or contractual restrictions, Ownership of this policy may be transferred at any time by Written Notice to Us. The transfer will then be effective as of the date it was signed, but it will not apply to any payments We make before the request is received and recorded by Us. Our approval is necessary if the new Owner elects a decrease in the Specified Amount or seeks division of the policy in conjunction with a change of Owner.

BENEFICIARY

The Beneficiary will receive the death benefit proceeds when the Insured dies while this policy is in effect. The primary and any contingent Beneficiaries are named in the application or subsequent Beneficiary forms accepted by Us. If no primary Beneficiary is living when the Insured dies, We will make payment to the contingent Beneficiary. If no contingent Beneficiary is living when the Insured dies, We will pay You or Your estate.

Unless the Beneficiary designation provides otherwise, We will follow these rules:

- (1) We will pay equal shares when more than one Beneficiary of the same class is to share the funds.
- (2) No revocable Beneficiary has rights in this policy until the Insured dies.
- (3) An irrevocable Beneficiary cannot be changed without his or her consent.
- (4) The interest of any Beneficiary is subject to the rights of any assignee shown on Our records.

You may change the Beneficiary at any time while the Insured is living by sending Written Notice during the lifetime of the Insured. Unless otherwise specified by You, a change of Beneficiary will be effective on the date the Written Notice is signed by You. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. No change is effective until after We have approved it. If approved, it will take effect on the date the Written Notice was signed by You. We will not be liable for any payments We make or action We take before the change is received.

Unless otherwise provided, if any Beneficiary dies within five days after the Insured dies as the result of a common disaster, We will pay the death benefit as if that Beneficiary died first.

A transfer of ownership of itself will not change the interest of any Beneficiary.

DEATH BENEFIT

We will pay the death benefit proceeds if the Insured dies while this policy is in force, subject to the terms and conditions of this policy. The death benefit is based upon the Death Benefit Option as shown on the Schedule Page.

1. Option A. The Policy Value (as defined in the Policy Value provision) is included in the Specified Amount. If death occurs prior to the Policy Date following the Insured's Attained Age 121, the Death Benefit will be the greater of:
 - (a) the Specified Amount on the date of death; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit As A Percentage of Policy Value Table on the Schedule Page.
2. Option C. The death benefit will be the greater of:
 - (a) the Specified Amount on the date of death, plus the total of all the premiums paid into this policy as of the date of death, less the amount of all Partial Withdrawals taken since the Date of Issue; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit as a Percentage of Policy Value Table on the Schedule Page.

Under Option A or Option C, the death benefit will be reduced by outstanding Policy Debt, if any.

Payment of death benefit proceeds will be made after We receive due proof of death.

Payment of the death benefit proceeds is subject to the interest of any assignee. Death benefit proceeds paid to satisfy any assignee will be paid in one sum. If no Beneficiary survives, We will pay the death benefit proceeds in one sum to You, if You are living; otherwise to Your estate. You may choose another method of payment with Our consent.

MINIMUM SPECIFIED AMOUNT. The minimum Specified Amount permitted under this policy is shown on the Schedule Page.

CHANGE IN SPECIFIED AMOUNT. At any time after the first year, upon Written Notice by the Owner, the Specified Amount may be changed, subject to the following:

Specified Amount Decrease.

- (1) The minimum decrease amount is \$25,000.
- (2) Any decreases will be effective on the Monthly Date on or next following the receipt of the request by Us. A decrease will be applied in the following order:
 - a. first against any increase in the Specified Amount beginning with the most recent increase, and then,
 - b. against the initial Specified Amount.
- (3) The Specified Amount remaining in force after any requested decrease may not be less than the minimum Specified Amount shown on the Schedule Page.
- (4) A decrease in the Specified Amount will decrease any future Minimum Premiums and result in a Surrender Charge equal to a percentage of a full Surrender Charge. This percentage will equal the proportion that the Specified Amount Decrease bears to the highest previous Specified Amount before the decrease.

Specified Amount Increase.

- (1) The minimum increase amount is \$50,000.
- (2) A supplemental application must be submitted to Us.
- (3) Any increases will be subject to evidence of insurability satisfactory to Us.
- (4) The effective date of any increase will be the date shown on a supplemental Schedule Page.
- (5) An increase in the Specified Amount will increase future Minimum Premiums and Surrender Charges. Surrender Charges on the increased amount will be calculated based upon the Attained Age at the time of increase and added to those shown on the Schedule Page. Increases in the Insured's Cost of Insurance Charges will be based on the Insured's gender, premium class, Specified Amount and age at the time of the increase.

We will send a new Schedule Page to You at Your last known address documenting any changes in the Specified Amount.

EXCLUSIONS

Unless at the time of application the Insured discloses that he or she is an active or inactive member of the military, military reserves, or the National Guard, We will exclude death benefits under this policy if the Insured's death is the result of:

- (1) War or act of war, if the cause of death occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces or within six months after termination of services in such forces.
- (2) War or an act of war while the Insured is serving in any civilian non-combatant unit serving within the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
- (3) War or an act of war, within two years from the date of issue of the policy, while the Insured is not serving in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the Insured is outside the Home Area, provided such death occurs outside the home area or within six months after the Insured's return to the Home Area.

If an exclusion applies, We will pay policy proceeds to the Beneficiary in an amount not less than a reserve determined according to the Commissioner's reserve valuation method upon the basis of the mortality table and interest rate specified in the policy for the calculation of nonforfeiture benefits, or if the policy provides for no such benefits, computed according to a mortality table and interest rate determined by Us and specified in the policy, with adjustment for Policy Debt.

PREMIUMS

PAYMENT OF PREMIUM. The Initial Premium is the amount paid on or before delivery of this policy and is paid before the Date of Issue. The Planned Periodic Premium is shown on the Schedule Page. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. If the amount of premium received by Us is not sufficient to keep the policy in force, the policy will terminate according to the provisions of the policy.

The premium frequency is shown on the Schedule Page and only serves as an indication of Your preference as to probable future frequency of payment. You may change the frequency of Planned Periodic Premium payments at any time. You also may make additional and unscheduled payments at any time before the Maturity Date subject to Our right to limit the amount and frequency of premium payments. We reserve the right to require evidence of insurability if You make additional and unscheduled payments at any time before the Maturity Date which result in an increase in Our amount at risk. Each premium payment will be credited by Us as described in the Policy Value provision.

At all points during the first three policy years, You are required to have paid cumulative premiums at least equal to the number of months started since the Policy Date multiplied by the Minimum Premium shown on the Schedule Page, divided by 12. If You fail to satisfy this requirement within 31 days of Our notification to You, the policy will terminate and any Surrender Value will be paid to You.

We will not accept any premium if it causes the policy to fail the Guideline Premium Requirements for a life insurance policy as defined in Section 7702 of the Internal Revenue Code on the Date of Issue. If a premium in excess of the Guideline Premium limitation is received, We will refund the excess amount to the Owner unless the Owner has given other instructions to Us in writing which We have accepted and acknowledged. However, premium will not be refunded if it is necessary to keep the policy in force.

Premium payments may be made to the administrative office shown on the first page of this policy or to such other place as We may designate. A receipt signed by Our President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the Policy Value is no longer sufficient to cover the Monthly Deductions. We reserve the right to limit the premiums payable under this policy. Such premium limitation will apply to all policy owners in a nondiscriminatory manner. Premium payments must be clearly marked as "Premium Payment," otherwise they will first be applied as loan repayments if there is any outstanding Policy Debt.

GRACE PERIOD. If, on any Monthly Date, the Policy Value is less than zero, You will have a 61-day Grace Period to make a premium payment to continue this policy. The premium required to continue this policy is no more than that which results in a Policy Value on the date the Grace Period begins. That amount equals the current Monthly Deductions plus the next two Monthly Deductions.

We will send a written notification 31 days before the end of the Grace Period to the Owner's last known address and any assignee of record according to Our records. Insurance coverage under this policy and any benefits provided by any rider(s) will continue through the Grace Period. If the Insured dies during the Grace Period, any past due Monthly Deductions plus interest at the policy loan rate will be deducted from the death benefit proceeds. The policy will continue in force during the Grace Period. However, if sufficient premium has not been paid during the Grace Period to continue the policy, it will terminate as of the beginning of the Grace Period. This termination is known as a lapse. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. The Grace Period cannot be preempted by policy termination due to excessive loans.

REINSTATEMENT. This policy may be reinstated within five years after it has lapsed while the Insured is alive and if the policy was not Surrendered for its Surrender Value.

The following requirements are necessary for Reinstatement:

- (1) the Insured provides Us with evidence of insurability satisfactory to Us;
- (2) the Attained Age of the Insured on the date of reinstatement does not exceed the Maximum Attained Age to Reinsure as shown on the Schedule Page;
- (3) payment of all past due Monthly Deductions has been received by Us up until the start of the Grace Period;
- (4) payment of a premium has been received by Us sufficient to keep the policy in force for at least three additional months; and
- (5) repayment or reinstatement of any Policy Debt, including any unpaid interest as provided in the Loan Interest provision.

The Surrender Charges and the Policy Value (including any interest that would have been credited), will be reinstated as if no lapse in coverage had occurred.

The effective date of a reinstated policy will be the day We approve the reinstatement application.

Upon reinstatement, the Incontestability provision will apply from the effective date of reinstatement. If the policy has been in force for two years, it will be contestable only as to statements made in the reinstatement application, and only for a period of two years after the effective date of reinstatement.

POLICY VALUE

The Policy Value on the Date of Issue will be the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any subsequent Monthly Date will be calculated as (a.) plus (b.) minus (c.) minus (d.) and plus (e.) where:

- (a.) is the Policy Value on the preceding Monthly Date;
- (b.) is the premium received since the preceding Monthly Date;
- (c.) are the Monthly Deductions for the policy;
- (d.) is any partial withdrawal plus any Surrender Charge since the preceding Monthly Date;
- (e.) is one month's interest on (a.) plus (b.) minus (c.) minus (d.).

On any day other than a Monthly Date, the Policy Value will be calculated as (a.) plus (b.) minus (d.) using the definitions above, with pro-rata adjustment of interest to reflect the time elapsed since the prior Monthly Date. The Policy Value under the policy is not less than the minimum values and benefits required by the state where this policy is delivered.

POLICY FACTORS

MONTHLY DEDUCTIONS. The Monthly Deductions for any policy month are the cost of insurance, the cost of insurance for any riders, and the expense charges for the policy and any riders.

COST OF INSURANCE. The cost of insurance for the policy is determined at the beginning of a policy month as (a.) multiplied by the amount at risk, which is the result of (b.) minus (c.) where:

- (a.) is the cost of insurance rate as described in the Cost of Insurance Rates section divided by 1,000;
- (b.) is the Death Benefit at the beginning of the month divided by: one plus the Guaranteed Minimum Monthly Credited Interest rate, and
- (c.) is the Policy Value at the beginning of the policy month, reduced by all Monthly Deductions except for the cost of insurance deduction.

The cost of insurance for any rider is calculated according to the provisions of the rider.

COST OF INSURANCE RATES. The monthly cost of insurance rates are based on the Specified Amount of the policy and on the Insured's Issue Age, policy year, gender and premium class. Our expectation of Our future persistency, mortality, expense or interest rate experience will be considered in determining the cost of insurance rates. The cost of insurance rates will not be greater than those shown on the Schedule Page.

We may change the cost of insurance rates on any Monthly Date. We will notify the Owner in writing of any change in the cost of insurance rates. This notice will be given prior to the Monthly Date on which the change becomes effective.

If the cost of insurance rates are changed, the Specified Amount, Issue Age, policy year, gender and premium class of the Insured will be used to compute the cost of insurance rates. This applies to this policy and all other policies of like benefits, provisions, and size, and of the same premium class, gender and policy year.

The cost of insurance rates for any riders are shown on the Schedule Page.

JUVENILE RECLASSIFICATION. For policies issued to juveniles (ages 0-17), We will notify the Insured in writing 60 days before the Insured's Attained Age 18 before changing the monthly cost of insurance to a new premium class. We will assign the Insured a uniform default premium class (Standard Tobacco) if the Insured fails to respond to Our written notification within 60 days. If the Insured responds to Our written notification within 60 days with satisfactory evidence of insurability, the monthly cost of insurance will be based upon the Standard Non-Tobacco premium class.

INTEREST RATE. The Guaranteed Minimum Credited Interest Rate used in the calculation of the Policy Value is shown on the Schedule Page. We may use a higher interest rate. If We do, the interest rate We use for that part of the Policy Value that equals any Policy Debt may be less than the interest rate We use for the remainder of the Policy Value.

POLICY COST FACTORS. We may change the interest rate, subject to the guaranteed interest rate shown on the Schedule Page. We may change the cost of insurance rates and expense charges (Specified Amount charges and premium charges) subject to the maximum rates and charges shown on the Schedule Page. We will determine actual rates and charges based on variable factors which may include, but are not limited to, Our future expectations of mortality, expenses, interest, persistency and taxes. Any changes are limited to cost factor guarantees, will be based on future anticipated or emerging experience and will be determined according to the procedures and standards filed with the insurance supervisory official of the state where this policy is delivered. Any change We make will be on a uniform basis for Insured persons of the same Issue Age, gender, premium class, Specified Amount band, and the length of time coverage has been in force.

ACCESSING POLICY VALUES

Loans, partial withdrawal and Surrenders may be subject to income tax and penalty tax.

LOANS. You may obtain a loan after the first policy year using this policy as the sole security for the loan. We may require You to sign a loan agreement. The maximum loan value is equal to:

- (1) the Cash Value calculated at the date of the loan;
- (2) less any existing Policy Debt;
- (3) less interest on the loan from the date of the loan to the end of the policy year; and
- (4) less the Monthly Deductions times three.

The minimum amount for any loan requested is shown on the Schedule Page. The maximum loan interest rate is shown on the Schedule Page, or is the maximum percentage allowable under the law in the state where this Policy is delivered. We have the option of charging less.

A loan may be paid back in full or in part at any time. Interest accrues daily. If interest is not paid when due, it will be added to the Policy Debt and will bear interest at the rate charged on the loan. The death benefit proceeds and Policy Value will be reduced by any outstanding Policy Debt. If the outstanding Policy Debt exceeds the Cash Value, this policy will terminate.

We may defer making the loan for up to six months except to pay premiums on any policy in force with Us.

PARTIAL WITHDRAWAL. After the first policy year, You may take a partial withdrawal from the Surrender Value of the policy while this policy is in force. The minimum partial withdrawal is shown on the Schedule Page. Any partial withdrawal is subject to the following:

- (1) We must receive Written Notice;
- (2) the partial withdrawal must not exceed 75% of Surrender Value of the policy;
- (3) a Surrender Charge may be deducted, equal to (i.) divided by (ii.), the result of which is multiplied by the total Surrender Charge then outstanding where:
 - i. equals the amount of the partial withdrawal; and
 - ii. equals the Surrender Value of the policy;
- (4) the Policy Value will be reduced by the partial withdrawal plus the Surrender Charge; and
- (5) a partial withdrawal charge, as shown on the Schedule Page, may be deducted from the amount of a partial withdrawal for every partial withdrawal.

If Death Benefit Option A is in effect, any partial withdrawal will reduce the Specified Amount by the amount of the partial withdrawal before any Surrender Charge. The remaining Specified Amount may not be less than the minimum Specified Amount shown on the Schedule Page.

We may defer paying a partial withdrawal for up to six months except to pay premiums on any policy in force with Us.

SURRENDER. At any time, You may request the entire Surrender Value. A Surrender is subject to the following:

- (1) We must receive Written Notice;
- (2) a Surrender Charge will be deducted, equal to Specified Amount of insurance multiplied by the total Surrender Charge factors then outstanding as shown on the Schedule Page, if any.
- (3) the Surrender Value will equal the Policy Value minus the Surrender Charge, if any, minus any outstanding Policy Debt. The Surrender Value within 30 days following a Monthly Date will not be less than the value available on the last Monthly Date. Any Surrender available under the policy at any time other than on a Monthly Date will be calculated with allowance for lapse of time from the last preceding Monthly Date.

The Surrender Values under the policy are not less than the minimum values and benefits required by the state in which the Policy is delivered.

We may defer paying a Surrender for up to six months except to pay premiums on any policy in force with Us.

Upon Surrender, this policy will terminate and all insurance will stop.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that You have entered into with Us. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental application; and
- (5) the applicable Schedule Page(s).

We have relied upon the application(s) in issuing this policy. All statements made in the application for issuance or reinstatement, in the absence of fraud are representations and not warranties. No statement will cause this policy to be rescinded or be used in defense of a claim unless it is contained in the written application and such statement is attached to this policy. We have assumed all statements to be true and complete. If any are not, We may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus Policy Debt and any partial withdrawals.

INCONTESTABILITY. We will not contest this policy, in the absence of fraud or the non-payment of premium, after it has been in force during the lifetime of the Insured for two years from the Date of Issue. If an increase in benefit or a rider is added after the Date of Issue, We will not contest the additional benefit or rider after the increase or rider has been in force during the lifetime of the Insured for two years from the effective date of the increase or rider. For an increase in benefit or added rider, Our right to contest this policy will be limited to the amount of the increase and the evidence provided for such increase. For purposes of this section, increased benefits will include any favorable policy changes requested by You.

If this policy lapses for nonpayment of sufficient premiums and is later Reinstated, We will not contest this policy after it has been in force for two years after the effective date of Reinstatement during the Insured's lifetime. We will not contest this policy based upon any statements in the Reinstatement application if the original Incontestability period has not yet expired. Riders to this policy may have separate incontestability provisions.

POLICY CHANGES. You may request policy changes by sending Written Notice to Us. No change in this policy is valid unless it is in writing and is signed by one of Our officers. No agent has authority to change the policy or to waive any of its provisions. The policy will be amended or endorsed to reflect any adjustment and its effect upon policy features.

SUICIDE. If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue (shown on the Schedule Page) the amount We will pay is limited to the premiums paid less any Policy Debt and less any partial withdrawals.

If the Insured dies by suicide, while sane or insane, within two years from the effective date of any requested increase in Specified Amount, the amount We will pay for the additional insurance is limited to the cost of insurance (defined in the Cost of Insurance provision) for such additional amount.

MISSTATEMENT OF AGE OR GENDER. If the age or gender of the Insured has been misstated on an application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent Monthly Date would have purchased at the Insured's correct age and gender.
- (2) If the misstatement is discovered prior to the Insured's death, the Policy Value will be adjusted to reflect the expense charges, Surrender Charges, and cost of insurance rates based on the Insured's correct age and gender from the Policy Date. Any adjustment for misstatement of age or gender will not result in termination of the policy prior to the date of death. A mortality charge and benefits will be extrapolated if the correct age is outside the Issue Age range of this policy.

ASSIGNMENT. You may assign this policy by giving Written Notice. Unless otherwise specified by You, an assignment will be effective the date the Written Notice is signed by You. We will not be responsible for the validity of an assignment. We will not be liable for any payment We make or actions We take before We receive Written Notice of an assignment. An assignment is subject to any Policy Debt.

NONPARTICIPATING POLICY. This policy does not participate in company profits. No dividends will be paid under this policy.

COMPUTATIONS. Minimum Policy Values are based on maximum cost of insurance rates, maximum expense charges and the guaranteed interest rate shown on the Schedule Page. All interest rates shown on the Schedule Page are annual effective rates unless otherwise stated.

BASIS OF GUARANTEED VALUES. The values of this policy will not be less than the minimum values and benefits required by the state where this policy is delivered. The basis of charges and the method of computation has been filed with the insurance supervisory official of the state in which this policy is delivered.

ANNUAL REPORT. At least once a year We will send You an annual report at no charge. The annual report will provide the following information at a time not more than four months prior to the date of mailing for the period since the last report:

- (1) the beginning and ending date of the current report period;
- (2) the Policy Value, Cash Value and Surrender Value at the beginning of the period;
- (3) the Death Benefit on each life covered by the policy, Policy Value, Policy Debt, Cash Value and Surrender Value at the end of the period;
- (4) the current Specified Amount;
- (5) premium payments made, partial withdrawal amounts, Surrender Charges, cost of riders, if any, Monthly Deductions taken and any other charges since the last Annual Report;
- (6) the amount of any policy loan(s) taken since the last Annual Report;

- (7) notice if the Policy Value is insufficient to maintain the policy in force until the end of the next reporting period; and
- (8) any other information required by Your State Insurance Department or by federal law will also be included in the annual report.

The end of the report period will not be more than four months previous to the date of mailing the report.

ILLUSTRATIVE REPORT. You may request a projection of illustrative future benefits and values at any time. There will be no charge for this report on an annual basis. If You request this report more frequently than annually, We will charge a \$30.00 service fee per each additional report.

MATURITY DATE. The policy will mature on the date shown on the Schedule Page. If the Insured is living on the Maturity Date, the Surrender Value will be paid to the Owner, and this policy will terminate.

CONFORMITY WITH STATE LAW. Any provision of the policy that, on the Date of Issue, conflicts with the laws of the state where the policy is delivered, is amended to meet the minimum requirements of such laws. The state law where the application for the policy is taken supersedes any conflicting laws of any other state where the Owner may live on or after the Date of Issue.

TERMINATION. This policy will terminate and all insurance will stop:

- (1) on the date We receive Written Notice to terminate the policy; or
- (2) when a required premium is not received before the end of the Grace Period; or
- (3) when the outstanding Policy Debt exceeds the Cash Value; or
- (4) when the Insured dies; or
- (5) when this policy matures.

PAYMENT OF POLICY BENEFITS

METHOD OF PAYMENT. Policy benefits will be paid in one sum or under an elected payment plan. Benefits of less than \$2,500 may not be applied under any payment plan. The plans available are listed in the next section.

The proceeds of this policy at the time payment will commence will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

PAYMENT PLANS.

- (1) **Installments of Specific Amount (Option 1).** Payment will be made in equal monthly installments of a Specific Amount. They will continue until the benefits with interest are paid. The final payment will not be more than the unpaid balance.
- (2) **Installments of a Specific Period (Option 2).** Payment will be made in equal monthly installments over a period of one to 30 years. Table I shows the amount of each installment for each \$1,000 of benefits.

TABLE I

<u>Years*</u>	<u>Monthly Payment</u>	<u>Years*</u>	<u>Monthly Payment</u>
1	\$84.28	10	\$9.39
2	42.66	15	6.64
3	28.79	20	5.27
4	21.86	25	4.46
5	17.70	30	3.93

* Other years available on request. Payment option rates are based on 2.5% interest.

- (3) **Life Income for a Certain Period (Option 3).** Payment will be made in equal monthly installments for a selected certain period. This period may be for 10, 15 or 20 years. They will continue to be made past this period as long as the payee is alive. Table II shows the amount of each payment for each \$1,000 of benefits. They are based on the age nearest birthday and gender of the payee at the time payments begin. If the payee's age or gender is misstated appropriate changes will be made in the remaining payments. We reserve the right to require proof that a payee is living on any payment due date.

TABLE II

Age*	MALE			FEMALE		
	10 Years	15 Years	20 Years	10 Years	15 Years	20 Years
50	\$3.80	\$3.76	\$3.70	\$3.56	\$3.54	\$3.51
51	3.87	3.82	3.76	3.62	3.59	3.56
52	3.94	3.89	3.81	3.68	3.65	3.61
53	4.01	3.96	3.87	3.74	3.72	3.67
54	4.09	4.03	3.94	3.81	3.78	3.73
55	4.17	4.10	4.00	3.89	3.85	3.79
56	4.26	4.18	4.06	3.96	3.92	3.85
57	4.35	4.26	4.13	4.04	3.99	3.92
58	4.45	4.35	4.19	4.13	4.07	3.98
59	4.55	4.44	4.26	4.22	4.15	4.05
60	4.66	4.53	4.33	4.31	4.24	4.12
61	4.77	4.62	4.40	4.41	4.33	4.20
62	4.89	4.72	4.46	4.51	4.42	4.27
63	5.02	4.81	4.53	4.63	4.52	4.34
64	5.15	4.91	4.60	4.74	4.61	4.42
65	5.28	5.02	4.66	4.87	4.72	4.49
66	5.42	5.12	4.72	5.00	4.82	4.56
67	5.57	5.22	4.78	5.14	4.93	4.63
68	5.72	5.33	4.84	5.28	5.04	4.70
69	5.88	5.43	4.89	5.43	5.16	4.77
70	6.05	5.53	4.94	5.59	5.27	4.83
71	6.21	5.63	4.99	5.76	5.39	4.89
72	6.38	5.73	5.03	5.94	5.50	4.95
73	6.56	5.82	5.07	6.12	5.62	5.00
74	6.73	5.91	5.10	6.31	5.73	5.05
75	6.91	6.00	5.13	6.51	5.83	5.09
76	7.09	6.08	5.16	6.71	5.93	5.12
77	7.27	6.15	5.18	6.91	6.03	5.15
78	7.44	6.22	5.20	7.11	6.11	5.18
79	7.61	6.28	5.22	7.31	6.19	5.20
80	7.78	6.34	5.23	7.51	6.27	5.22

*Other ages available on request.

- (4) **Interest Income (Option 4).** We will hold the benefits for an agreed upon period. During this period we will make monthly interest payments of \$2.46 for each \$1,000 of benefits held by Us. All but not part of the benefits may be withdrawn at any time prior to the end of the agreed period. Payment option rates are based on 2.5% interest.

PAYMENT PLAN ELECTIONS.

- (1) **Right to Elect Payment Plans.** A request for a payment plan must be in writing. It may be elected by:
- a. the Owner during the lifetime of the Insured.
 - b. a primary or contingent Beneficiary to whom benefits become payable, if no election is in effect on the date of death of the Insured.

After a payment plan is effective it cannot be changed.

- (2) **Effective Date.** A plan elected before the benefits are payable will be effective on the date they become payable. If elected after that time, it will be effective when we receive the request for the election at Our Home Office. The first payment under Options 1, 2 and 3 is due on the date the plan becomes effective. Under Option 4 interest will be calculated from that date with the first payment due one month after the plan becomes effective.
- (3) **Amount and Period Limits.** If monthly payments are less than \$10 we may change the frequency of payments to bring the amount of each payment up to at least \$10. Under Options 1, 2 and 4 no election will be for a period longer than 30 years.
- (6) **Payment Frequency.** Instead of monthly payments a quarterly, semiannual or annual frequency may be elected.

PAYMENT PLAN RATES. Benefits will earn interest at an annual effective rate of not less than 2.0%. One year after a plan becomes effective and every year after that this rate may be increased upon approval of Our Board of Directors. Under Option 3, no interest in excess of 2.0% will be paid after all the installments for the selected certain period have been paid.

PAYEES.

- (1) **Death Benefit.** This benefit will be paid to the designated beneficiaries. If any Beneficiary dies before the Insured, the interest of that Beneficiary will be paid to the Owner or the Owner's estate unless otherwise requested.
- (2) **Surrender or Maturity Proceeds.** These proceeds will be paid to the Owner.
- (3) **Assignment.** The interest of any payee will be subject to any assignment regardless of when the assignment is made.

CLAIMS OF CREDITORS. So far as permitted by law, no amount payable under this policy will be subject to the claims of creditors of any payee.

DEATH OF PAYEE UNDER PAYMENT PLANS. If the payee dies before receiving the benefits stated under the payment plan elected we will make a one sum payment to the estate of the payee unless other arrangements have been made in the election. The amount of this payment will be as follows:

- (1) Under Option 1, 2 or 3, it will be the present value at an effective rate of 2.0% of any unpaid installments. Under Option 3 this only applies to the unpaid installments for the selected certain period.
- (2) Under Option 4 it will be the unpaid benefits and any accrued interest.

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FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE PLAN
issued by

KEMPER INVESTORS LIFE INSURANCE COMPANY
whose Home Office address is

[Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Adjustable Death Benefit

Life Insurance Amount Payable at Death of Insured Prior to Maturity

Flexible Premiums Payable During Lifetime of the Insured

Nonparticipating/No Dividends

Part I of Application for Individual Life Insurance



Kemper Investors Life Insurance Company (the "Company")

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: [877.678.7534]
Fax: [888.871.7537]
[www.zlifeusa.com]

Section A: Product and Amount of Insurance

Product Name _____ Specified Amount of Insurance
\$ _____

Death Benefit Option (check one):

- ☐ Option A (Level) ☐ Option C (Specified Amount plus return of net premiums paid)
☐ Option B (Increasing) ☐ Option D (Specified Amount plus return of net premiums paid plus interest)

Section B: Proposed Insured

First Proposed Insured

1. Name (First, Middle Initial, Last)		2. Gender <input type="checkbox"/> M <input type="checkbox"/> F	3. Birth Date (MM/DD/YYYY)
4. Birth Place (Country/State)	5. Social Security Number		6. Home Phone Number
7. Work Phone Number		8. E-mail Address	
9. Address (Street, City, State, Zip Code, Country)			10. Driver's License State of Issue
11. Driver's License Number and Expiration Date			12. Occupation
13. Employer Name and Address			
14. Annual Income \$	15. Net Worth (approximate) \$	16. Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Citizenship 17. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide details below			
18. Country of Citizenship	19a. <input type="checkbox"/> Green Card <input type="checkbox"/> Visa	19b. If "Visa", provide type	
20. Expiration Date	21. Country of Permanent Residence		22. Years in the U.S.

Second Proposed Insured

1. Name (First, Middle Initial, Last)		2. Gender <input type="checkbox"/> M <input type="checkbox"/> F	3. Birth Date (MM/DD/YYYY)
4. Birth Place (Country/State)	5. Social Security Number		6. Home Phone Number
7. Work Phone Number		8. E-mail Address	
9. Address (Street, City, State, Zip Code, Country)			10. Driver's License State of Issue
11. Driver's License Number and Expiration Date			12. Occupation
13. Employer Name and Address			
14. Annual Income \$	15. Net Worth (approximate) \$	16. Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Citizenship			
17. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide details below			
18. Country of Citizenship	19a. <input type="checkbox"/> Green Card <input type="checkbox"/> Visa	19b. If "Visa", provide type	
20. Expiration Date	21. Country of Permanent Residence	22. Years in the U.S.	

Section C: Proposed Owner (If other than Proposed Insured(s))

1. Owner/Trust Name		2. Relationship to Insured(s)	
3. Social Security/Tax ID Number	4. Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. E-mail Address	7. Phone Number		
8. Name(s) Authorized Trustee(s)	9. Trust Date (MM/DD/YYYY)	10. State Trust Established	
11. Address (Street, City, State, Zip Code, Country) of Owner			

Section D: Beneficiary

Beneficiary Type	Name (First, Middle, Last)	Relationship to Proposed Insured(s)	Percentage of Proceeds (if not equal)
Primary			
Primary			
Contingent			
Contingent			

Note: Unless otherwise specified, surviving beneficiaries within a class (primary or contingent) will share equally.

Section E: Proposed Insured's Other Insurance

1. Do you have any other life insurance/annuity(ies), including ultimate death benefit amounts of any policy/rider in effect with Kemper, its affiliated companies or any other life insurance company? ☐ Yes ☐ No
(Include any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity.) If "Yes", complete the chart below.

Proposed Insured	Name of Company	Face amount plus riders	Year Issued	Insurance	To be replaced, changed or affected?	Section 1035 Exchange?
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section F: Proposed Insured(s) Personal History (Proposed Insured referred to as "you")

				First Proposed Insured		Second Proposed Insured	
				Yes	No	Yes	No
1. Have you ever used tobacco or nicotine products in any form (e.g., cigars, cigarettes, cigarillos, pipes, chewing tobacco, nicotine patches, or nicotine gum)? If "Yes", please provide details.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product(s)		Frequency/Amount	Date last used				
2. Within the next 12 months, do you plan to fly, or within the last two years have you flown, as a pilot, student pilot, or crew member? If "Yes", complete the Aviation Questionnaire.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the next 12 months, do you plan to participate in, or within the last 12 months have you participated in, parachute jumping, scuba diving, auto/motorboat/motorcycle racing, hang gliding, or mountain climbing, or any other potentially hazardous avocation? If "Yes", complete the Avocation Questionnaire.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you traveled or resided outside the U.S. or Canada within the past two years ; or do you plan to travel or reside outside the U.S. or Canada within the next two years ? If "Yes", please provide details.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past	Future	Duration (weeks)	Cities and Countries	Purpose			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever received medical treatment or counseling for, or been advised by a physician to reduce or discontinue the use of alcohol or prescribed or non-prescribed drugs? (Do not complete if your age is 0-17 on your nearest birthday.) If "Yes", complete the Alcohol and Drug Use Questionnaire				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a driver's license suspended or revoked, been convicted of DUI or DWI, or in the last five years had any moving violations? If "Yes", please provide date(s) and violation(s):				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you applied for any other life insurance within the last six months?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had life insurance declined, rated, modified, cancelled, or not renewed?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been convicted of a felony within the past five years?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Section G: Premium and Billing Information

1. A current Policy Date will be used unless you select one of the following.

☐ Date to save age ☐ Specific date _____ (indicate a date, excluding 29th, 30th and 31st)
MM/DD/YYYY

By signing in the signature section, I understand that insurance and expense charges begin on the Policy Date.

2. Amount paid with this Application

The Application, Conditional Receipt, and check should all have the same date.

- A. Is an initial premium submitted with this Application?

☐ No ☐ Yes (Do not submit money unless the face amount is \$500,000 or less and the Conditional Receipt is completed).

- B. If "Yes", show amount of initial premium. Amount \$ _____

If "Yes", by signing in the signature section, I understand, accept, and agree to the terms of the Temporary Insurance Agreement, if eligible.

- C. Planned Periodic Premium Amount \$ _____

Frequency of premium: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually

- D. Will a loan be carried over from another insurance carrier? ☐ Yes ☐ No

If "Yes", what is the amount of the loan \$ _____

3. Premium Financing

All questions must be answered.

Premium financing, or borrowing life insurance premiums from a lender or other third party, can be a legitimate method of funding life insurance premiums. However, not all premium financing arrangements may be appropriate and in compliance with applicable laws and regulations. In fact, the Company does not allow its products to be used in certain premium financing arrangements and will decline applications for life insurance made in connection with a premium financing arrangement that is not approved for use with the Company products.

1. Have you entered into, or have you made plans to enter into, an agreement to borrow current or future premiums, or both, in connection with this Application for Individual Life Insurance?

☐ Yes ☐ No

If "Yes", indicate name of the financing agreement: _____

If "Yes", indicate name of the lender: _____

2. Have you made plans to transfer the Policy to a third party as repayment of any premium financing debt?

☐ Yes (Give details in the Remarks section) ☐ No

4. Premium Billing Methods

- A. Billing method: (Check one)

☐ Direct ☐ Monthly bank draft (Complete Section H: Pre-Authorized Checking) ☐ Single premium

- B. Frequency of Payment: (Check one)

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (Available with List Bill only)

- C. Indicate the duration of the no-lapse guarantee that will be funded: _____

- D. Desired premium payment period: _____

5. Payor of Premiums

Individual or entity paying premium.

- A. Payor of premium is: (Check one)

☐ First Proposed Insured ☐ Second Proposed Insured ☐ Employer

☐ Primary Policyowner ☐ Other: _____

- B. Complete information below for above party(ies), if different from Owner.

1. Name _____

2. Relationship to Insured(s) _____

3. Care of (if applicable) _____

4. Street _____

5. City _____

6. State _____

7. Zip Code _____

C. Loan

Please provide details of the loan that you wish to protect:

Purpose of Loan	Name/s of Borrower/s	Name of Lender	Loan Amount	Term of Loan	Interest Rate	Have the funds been fully drawn down?	Is this policy required for approval of the loan?
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Key Person

1. What is your role? _____
2. Approximately how much revenue is directly attributable to you? _____
3. Are any other persons in the Business also considered key persons? ☐ Yes ☐ No
If Yes, please provide details and state whether insurance is also being sought on these other persons: _____

4. Do you have any ownership interest or shareholding in the Business? ☐ Yes ☐ No
If Yes, please provide relevant details including the value of this interest or shareholding: _____

5. How was the sum insured calculated? _____

E. Buy/Sell

1. What is the current value of the Business? _____
2. How and when was this value calculated? _____
3. What is your % ownership in the Business? _____
4. Please state the names and % ownership of all other partners or shareholders: _____

5. Is a partnership, shareholder or buy/sell agreement in place? ☐ Yes ☐ No
6. Is insurance cover being proposed or already in-force on other Business owners? ☐ Yes ☐ No

F. Declaration (signed by proposed insured & signature by CPA/Attorney if reviewed by them)

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

_____ Name (Please Print)	_____ Signature of Proposed Insured	_____ Date
_____ Name (Please Print)	_____ Signature CPA/Attorney w/ license #	_____ Date

Section I: Signature: (All Proposed Insured(s) and Policy Owner must sign)

I (we) have read all the questions and answers in the Application, including all required parts. All responses are true and complete to the best of my (our) knowledge and belief. I (we) promise to tell Kemper Investors Life Insurance Company of any change in the health or habits of the Proposed Insured that occurs after completing this Application, but before the policy is delivered to me (us) and the first premium is paid. I (we) agree:

1. This Application, including all of its parts, statements and answers, will be the basis for and form part of the policy, if issued, and no information will be considered to have been given to Kemper Investors Life Insurance Company unless it is stated in the Application.
2. No Agent has authority to alter Kemper Investors Life Insurance Company's rules or requirements, the Application, any Temporary Insurance Agreement, or any policy.
3. The first premium will not be deemed paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms.
4. Except as provided in the Temporary Insurance Agreement, if given, the insurance applied for never takes effect unless, during the lifetime of the Proposed Insured:
 - (a) the policy has been issued, delivered to, and accepted by me (us);
 - (b) the required first premium has been paid while each Proposed Insured is alive; and
 - (c) any amendments issued with the policy have been completed and signed, all while the health and habits of the Proposed Insured(s) remain as stated in this Application.
5. In those states where required by state regulations, Kemper Investors Life Insurance Company will notify the Proposed Insured(s) within (60) days of the Application as to whether or not the Application has been accepted or rejected or will give the reason for further delay.

Amendments to plan, amounts, classification or benefits will be made only with my (our) consent. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. Kemper Investors Life Insurance Company or its reinsurers may make a brief report regarding me to other companies to whom I have applied or may apply.

I (We) authorize Kemper Investors Life Insurance Company to obtain an investigative consumer report on me (us). (Upon written request, you may obtain a copy of the report. There may be a fee for the copy.)

I (We) agree to be interviewed if an investigative consumer report is prepared in connection with this Application. Kemper Investors Life Insurance Company, its reinsurers, insurance support organizations, the Medical Information Bureau and their authorized representatives may obtain medical and other information in order to evaluate my (our) Application for life insurance. Any employer, consumer reporting agency, insurance company, licensed physician or medical practitioner, hospital, clinic, the Veterans Administration, the Medical Information Bureau, or other medical or medically related facility who possesses information of care, treatment or advice of me or my health or information of care, treatment or advice of my (our) children or their health may furnish such information to Kemper Investors Life Insurance Company, its reinsurers, insurance support organizations, the Medical Information Bureau and their authorized representatives upon presenting this Authorization. I (We) understand that this Authorization includes information about drugs, alcoholism or mental illness, and that I (we) or my (our) representative may request and receive a copy of this Authorization. A copy of this Authorization is as valid as the original. This Authorization is valid for two and one-half years from the date this form is signed.

Signed at _____	X _____
City and State	Signature of Proposed Insured/Signature of Parent or Guardian (if Proposed Insured is a minor)
on _____	X _____
MM/DD/YYYY	Signature of Owner/Applicant, if other than Proposed Insured
X _____	
Signature of Broker/Witness	Print Broker Name Broker License Number
X _____	
Signature of Second Proposed Insured	Print Second Proposed Insured Name

Section J: Broker Identification and Certification

(Incomplete information may delay your Application)

1. What is the purpose of insurance? (Check **all** that apply)

☐ Estate planning ☐ Charitable giving

☐ Buy/sell If "Yes", percentage of Business Owned: _____ % Fair market value of Business \$ _____

☐ Key person ☐ Income protection ☐ Other _____

2. Is this insurance a replacement? ☐ Yes ☐ No

3. Have you completed and attached the required replacement forms? ☐ Yes ☐ No ☐ N/A

4. Have you attached the Internal Revenue Code Section 1035 form? ☐ Yes ☐ No ☐ N/A

5. Did you use only sales material approved for use by the appropriate Company? ☐ Yes ☐ No

6. Did you see all persons to be insured on the date the Application was taken? ☐ Yes ☐ No

If "No", why not? _____

7. Are you related to the Proposed Insured(s)? ☐ Yes ☐ No

If "Yes", indicate relationship: _____

Certification of Owner Identity:

☐ I certify that I personally met with the Owner(s)/legal representative(s) of the entity and reviewed the appropriate identification documents. To the best of my knowledge, the documents accurately reflect the identity of the Owner(s)/legal representatives of the entity.

☐ I did not meet in person with the Owner(s)/legal representative(s) of the entity or I was otherwise unable to personally review the Owner(s)/entity's identification documents. I certify that, to the best of my knowledge, the Owner(s)/entity's identification information provided by the legal representative(s) either by mail or phone is accurate.

I certify that I have truly and accurately recorded on all parts of this Application the information supplied by the Proposed Insured(s) or the applicant(s). As noted in Question Number 6 above, I have personally observed each Proposed Insured. Apart from any admissions recorded on the Application or any additional comments that I have supplied to underwriting, each appears to me to be healthy. The purpose of this sale has been discussed with the Owner(s) and I believe this Application to be an appropriate recommendation.

Producer Name (Please print full name)	Sales Office/ Agency Number/ID	Broker Number/ID	Commission Split %	
			1st Year	Renewal

Section K: Signatures

I have personally reviewed this Application for appropriateness of sale. I was appropriately licensed and appointed on the date the Application was signed.

Name of Broker

X

Broker Signature

Date (MM/DD/YYYY)

Section L: Temporary Insurance Agreement

Proposed Insured Name _____

Date of Birth (MM/DD/YYYY) _____

Application Number _____

Notice to Proposed Insured and Owner

Subject to a signed and dated Application for Individual Life Insurance (Application) bearing the same number as the Application Number printed above, the Terms of Eligibility below, and payment of the full first modal premium for the policy applied for in the Application, coverage provided by this Temporary Insurance Agreement (TIA) is limited to the amount applied for in the Application (exclusive of riders or supplemental benefits) or \$500,000, whichever is less, and applies to the life of the Proposed Insured named in the Application Part 1. Coverage under this TIA begins on the Start Date and ends on the Stop Date described below. No Agent or Representative has the authority to change the terms and conditions of this TIA.

Terms of Eligibility

If the following five questions cannot be truthfully answered "No" or if any questions are left blank, no Agent of Kemper Investors Life Insurance Company is authorized to collect premiums associated with your Application and this TIA and no life insurance coverage is in force by virtue of your Application or this TIA until the policy requested in your Application takes effect.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the Proposed Insured less than 15 days old or more than 70 years old as of the date of the Application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the Proposed Insured had or ever been told he/she had or consulted a physician for or received treatment for any of the following: disorder of the heart or blood vessels, angina, heart attack, stroke, cancer, tumor, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARCS) or any other immunological disorder, drug dependency, or alcohol dependency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the past two years, has the Proposed Insured had any symptoms of, treatment for, or any medical condition that resulted in hospitalization for more than five days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the Proposed Insured ever applied for insurance which has been declined, rated or modified in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past 90 days, has the Proposed Insured been unable to perform the normal duties of his/her occupation for fifteen or more working days because of health reasons? | <input type="checkbox"/> | <input type="checkbox"/> |

Agreement

This TIA provides for a death benefit limited to the amount applied for in the Application (exclusive of riders or supplemental benefits) or \$500,000, whichever is less. Life insurance benefits will be paid, subject to the Limitations described below, upon presentation of due proof of death of the Proposed Insured occurring between the Start Date and Stop Date of this TIA. The death benefit will be paid to the person who would have received payment under the policy applied for had it been issued. In the event the Application is declined or withdrawn or this TIA is cancelled for any reason, Kemper Investors Life Insurance Company's only obligation will be to return the premium paid.

Start Date

Once the Terms of Eligibility have been met and the full first modal premium for the policy applied for in the Application has been paid, the coverage provided under this TIA begins on the date the Application for Individual Life Insurance bearing the same number as this TIA is signed.

Policy Effective Date

If the policy applied for is issued on the plan, for the amount and at the rate specified in the Application, and the full first modal premium has been paid, the policy will take effect on the Issue Date assigned by Kemper Investors Insurance Company. If the policy can not be issued as applied for or a request to backdate the policy has been made, the policy will take effect on its Issue Date once it has been issued, delivered and accepted by the Policy Owner and the full first modal premium has been paid. All of the funds used to purchase TIA coverage will be applied to the policy as it takes effect.

Stop Date

Coverage under this TIA ends when the policy takes effect or when the Company receives the Policy Owner's signed request to cancel or withdraw the Application or this TIA.

Coverage under the TIA also ends when the Policy Owner receives notice that either this TIA or the Application has been declined; and in no case later than 12:01 A.M. Pacific Standard Time of the fifth day after Kemper Investors Life Insurance Company has mailed a letter giving such notice.

Limitations

No benefits under this TIA will be paid if the full first modal premium check/draft submitted is not honored by the bank upon first presentation. If a material misrepresentation or omission of fact is made with respect to the Terms of Eligibility requirements above or the Proposed Insured dies by suicide, whether sane or insane, coverage under this TIA will be void and Kemper Investors Life Insurance Company's only obligation will be to return the premium paid.

I (We) represent that: (1) I (We) have read and received a copy of this TIA and agree to all of its terms and conditions; (2) I (We) understand and agree that no life insurance coverage, other than coverage provided by this TIA, is in force by virtue of my Application, until the policy takes effect; (3) I (We) understand that purchasing the coverage under this TIA does not guarantee that Kemper Investors Insurance Company will issue a policy on the Proposed Insured's life; and (4) I (We) understand that the Agent is not authorized to change or waive the terms of this TIA or collect premium if the Proposed Insured is not eligible for coverage.

Signature of Proposed Insured

Date of this TIA
(MM/DD/YYYY)

Signature of Proposed Policy Owner
(if other than Proposed Insured)

Licensed Broker's Statement

Amount Remitted: \$ _____ Person from whom received: _____

On the Date of this TIA, I received the Amount Remitted in exchange for this TIA. This TIA bears the same date and number as the Application - Part I. I agree that I am not authorized to change or waive the terms of this TIA and represent that I have not attempted to do so. I have read and explained the terms of this TIA to the Proposed Insured and Owner. I have left a copy with the Owner.

Signature of Broker

Broker's Number

Section M: Notice to Owner and Proposed Insured(s) Regarding Coverage

No insurance coverage is in force as a result of your insurance Application unless and until the policy applied for has been issued on the plan, for the amount and at the rate specified in the Application, and the full first modal premium has been paid, at which time the policy will take effect on the Issue Date assigned by the Company. If the policy cannot be issued as applied for or a request to backdate the policy has been made, no insurance coverage is in force as a result of this Application unless and until the Company issues a policy that has been delivered and accepted by Owner and the full first modal premium has been paid, at which time the policy will take effect on its Issue Date. If eligible, you have the right to purchase coverage under a Temporary Insurance Agreement that will provide a limited amount of coverage from the time this Application is signed until the policy takes effect. The terms and conditions for eligibility, coverage, duration and termination are described on the TIA attached to and bearing the same number as this Application. If you are eligible and choose to purchase coverage under the TIA, 100% of the premium paid for the TIA will be applied to the policy as of its Issue Date if the policy is issued as applied for. If the policy cannot be issued as applied for or a request to backdate the policy has been made, 100% of the premium paid for coverage under the TIA will be applied to the policy as of its Issue Date at the time the Policy is delivered and accepted, as issued, by Owner. If you are not eligible or choose not to purchase, no Agent of Kemper Investors Life Insurance Company is allowed to accept a premium payment in connection with this Application or an Application for coverage under a TIA and no coverage of any kind is in force by virtue of this Application until a policy takes effect.

Part II of Application for Individual Life Insurance



Kemper Investors Life Insurance Company

Administrative Office
[7045 College Boulevard]
[Overland Park, KS 66211-1523]

Phone: [877.678.7534]
Fax: [888.871.7537]
[www.zlifeusa.com]

Paramedical The following is to be completed by the Proposed Insured (referred to as "you").

1. a. Proposed Insured (Please Print)
First Name _____

Middle Initial _____ Last Name _____

b. Height _____ ft. _____ in. c. Weight _____ lbs. d. Birth Date (MM/DD/YYYY) _____

e. Has your weight changed by more than 10 pounds in the last 6 months? ☐ Yes ☐ No
If Yes, please provide details: _____

2. a. Name and address of personal physician
(or medical facility if used instead): (if none, so state) _____

b. Date and reason for last medical or health consultation (within last five years): _____

c. What treatment was given or recommended? (if none, so state) _____

Please provide full details for all "Yes" answers on Page 2.

3. Are you being treated by diet, drugs or other means? ☐ Yes ☐ No

4. Have you ever had, been told you have, or been treated by a physician for:

a. High blood pressure, chest discomfort, stroke, circulatory or heart disorder? ☐ Yes ☐ No

b. Diabetes, sugar in the urine, thyroid, or other glandular (endocrine) disorder? ☐ Yes ☐ No

c. Kidney, bladder, urinary, reproductive organ or prostate disorder? ☐ Yes ☐ No

d. Protein (albumin), blood or pus in the urine, sexually transmitted disease or venereal disease? ☐ Yes ☐ No

e. Cancer, tumor, polyp, or disorder of the skin or breast? ☐ Yes ☐ No

f. Asthma, pneumonia, emphysema, or any other respiratory or lung disorder? ☐ Yes ☐ No

g. Seizure, convulsion, fainting, loss of consciousness, tremor, paralysis, or other disorder of the nervous system? ☐ Yes ☐ No

h. Anxiety, depression, stress or any psychological or emotional condition or disorder? ☐ Yes ☐ No

i. Colitis, hepatitis, ulcers, or other disorders of the stomach, liver or digestive system? ☐ Yes ☐ No

j. Arthritis, gout, back or joint pain, bone fracture, or muscle disorder? ☐ Yes ☐ No

k. Anemia, bleeding, or blood disorder? ☐ Yes ☐ No

l. Have you ever been told by a physician that you have, or have you been treated by a physician for, Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No

m. A positive blood test for antibodies to the AIDS (HIV) virus? ☐ Yes ☐ No

5. Have you:

a. Used amphetamines, marijuana, cocaine, hallucinogens, heroin or other drugs except as prescribed by a physician? ☐ Yes ☐ No

b. Been treated or counseled for alcoholism or drug abuse? ☐ Yes ☐ No

c. Been advised to reduce your consumption of alcohol? ☐ Yes ☐ No

6. Other than previously stated, have you within the past five years:

a. Consulted a physician or any other practitioner, had a checkup, illness, surgery or been hospitalized? ☐ Yes ☐ No

b. Had an electrocardiogram, stress or exercise test, x-ray, blood test or other diagnostic test? ☐ Yes ☐ No

c. Been advised to have, or scheduled, any diagnostic test, hospitalization or surgery which was not completed? ☐ Yes ☐ No

7. Have you, within the last five years:

a. Smoked cigarettes? ☐ Yes ☐ No Date of last use? _____

b. Used any other form of tobacco? ☐ Yes ☐ No What type? _____

I declare that I have made no statement to the medical examiner, agent, or any other person connected with the Company that in any way qualifies or modifies the above answers and statements. I have read and confirm that the above answers and statements are complete and true to the best of my knowledge and belief. I understand that any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

City/State

Date (MM/DD/YYYY)

Witness (Medical or paramedical examiner will please sign here)

X

Medical Report on Proposed Insured

Name of Proposed Insured _____

Birth Date (MM/DD/YYYY) _____

Age _____

10. Height	Weight (Clothed)	Chest (Full Inspiration)	Chest (Forced Expiration)	Abdomen Relaxed at Umbilicus
ft. in.	lbs.	in.	in.	in.
Did you weigh? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you measure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weight change in past year? _____ lbs. <input type="checkbox"/> Gain		<input type="checkbox"/> Loss-Cause		
Is appearance unhealthy or older than stated age? <input type="checkbox"/> Yes		<input type="checkbox"/> No		

Examiner's remarks and description of positive findings:

11. Blood Pressure (if 140/90 or over, must give at least two additional readings)	First Reading	Second Reading	Third Reading
Systolic			
Diastolic			

12. Pulse	At Rest	After Exercise	3 Minutes Later
Rate			
Irregularities Per Min.			

13. Heart

a Is there any cardiovascular disorder? ☐ Yes ☐ No

b Is heart enlarged? ☐ Yes ☐ No (If Yes, describe) _____

c Is murmur present? ☐ Yes ☐ No (If Yes, complete 12d)

d Murmur is: ☐ Constant ☐ Inconstant

☐ Transmitted ☐ Systolic ☐ Apical ☐ Soft (Gr. 1-2)

☐ Localized ☐ Presystolic ☐ Basal ☐ Mod. (Gr. 3-4)

☐ Diastolic ☐ Other ☐ Loud (Gr. 5-6)

☐ Unchanged ☐ Increased

☐ Decreased ☐ Absent

Show location of:

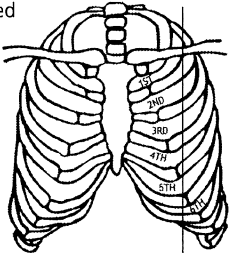
Apex by **X**

Area of murmur by **OO**

Point of greatest intensity by **→**

Transmission by

e Diagnostic Impression:



14. Is there any abnormality of the following: (Circle applicable items and give details)

a Eyes, ears, nose, mouth, pharynx ☐ Yes ☐ No
(If vision or hearing markedly impaired, indicate degree and correction)

b Skin (incl. scars); lymph nodes; blood vessels (incl. varicose veins) ☐ Yes ☐ No

c Nervous system (include reflexes, gait, paralysis) ☐ Yes ☐ No

d Respiratory system ☐ Yes ☐ No

e Abdomen (including scars or hernias) ☐ Yes ☐ No

f Genitourinary system ☐ Yes ☐ No

g Endocrine system (include thyroid and breasts) ☐ Yes ☐ No

h Musculoskeletal system (include spine, joints, amputations, deformities) ☐ Yes ☐ No

Identification

Proposed Insured must show acceptable form of identification:

☐ Driver's License ☐ Passport ☐ Green card
☐ Employment I.D. ☐ Other picture/signature I.D.

In my opinion, the item checked is positive identification of Proposed Insured ☐ Yes ☐ No

Proposed Insured speaks and understands the English language ☐ Yes ☐ No

*If either question answered "No," give details of negative reply:

15. Have you any pertinent information not brought out above? ☐ Yes ☐ No

Medical Examiner:

X

Signature of Medical Examiner

When paying fees we are required to show and report Social Security or Employer I.D. Number. Please give us this information below.

Include All Hyphens → _____

Examined at: ☐ My Office ☐ Other: _____

Date and Hour of Examination _____ ☐ A.M. ☐ P.M.

Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

Arkansas, Louisiana, New Mexico, Rhode Island, and West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia - "**Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland - "Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Minnesota Guarantee Association Notice - *This applies only to the variable funds of life and annuity policies:* This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.

Missouri - Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the policy is issued to a Missouri citizen, unless the insurer can show that the insured intended suicide when s/he applied for the policy, regardless of any language to the contrary in this policy.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Oklahoma - **Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania - "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Tennessee, Virginia and Washington - "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Phone: [(877) 678-7534]

REPLACEMENT ENDORSEMENT

The Suicide provision of the policy is amended to read as follows:

For the coverage being replaced: If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue of the policy that is being replaced, the Death Benefit amount We will pay is limited to the premiums paid less any Policy Debt or partial withdrawals.

For any coverage we provide in excess of amounts being replaced: If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue of the replacement policy, the amount We will pay will be limited to the cost of insurance it would take to purchase the amount of insurance that is in excess of the amount of insurance provided by the replaced policy.

For any increase in Specified Amount: If the Insured dies by suicide, while sane or insane, within two years from the effective date of any requested increase in Specified Amount, the amount We will pay for the additional insurance is limited to the cost of insurance (defined in the Cost of Insurance provision) for such additional amount.

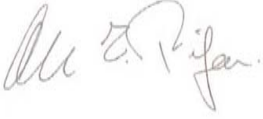
The Incontestability provision of the policy is amended to read as follows:


We will not contest this policy, except in the absence of fraud or for the non-payment of premium, after it has been in force during the lifetime of the Insured for two years from the date of issue of the policy which this policy is replacing. This provision does not apply to any amount of insurance We provide that exceeds the amount of insurance provided in the replaced policy. For the excess amounts, We will not contest this policy, except in the absence of fraud or for non-payment of premium, after it has been in force during the lifetime of the Insured for two years from the Date of Issue of this policy.

If an increase in benefit or a rider is added after the Date of Issue, We will not contest the additional benefit or rider after the increase or rider has been in force during the lifetime of the Insured for two years from the effective date of the increase or rider. For an increase in benefit or added rider, Our right to contest this policy will be limited to the amount of the increase and the evidence provided for the increase. For purposes of this section, increased benefits will include any favorable policy changes requested by You.

If this policy lapses for nonpayment of sufficient premiums and is later Reinstated, We will not contest this policy after it has been in force for two years after the effective date of Reinstatement during the Insured's lifetime. We will not contest this policy based upon any statements in the Reinstatement application if the original Incontestability period has not yet expired. Riders to this policy may have separate incontestability provisions.

Signed for Kemper Investors Life Insurance Company.


SECRETARY


PRESIDENT

**RIGHT TO EXAMINE AND
CANCEL POLICY.**

30-DAY RIGHT TO EXAMINE THIS POLICY. You may cancel this policy by delivering or mailing a Written Notice to Kemper Investors Life Insurance Company, [Schaumburg, Illinois 60196-6801] or sending an e-mail to [life.customercare@zurichna.com], or to the agent or agency from whom You purchased the policy and by returning the policy before midnight of the 30th day after you received the policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments, fees and charges, less partial withdrawals made for this policy within 30 days after it receives notice of cancellation and the returned policy.

If returned, the policy or contract will be considered void from the beginning.

UL121DK

**RIGHT TO EXAMINE AND
CANCEL POLICY.**

30-DAY RIGHT TO EXAMINE THIS POLICY. You may cancel this policy by delivering or mailing a Written Notice to Kemper Investors Life Insurance Company, [Schaumburg, Illinois 60196-6801] or sending an e-mail to [life.customercare@zurichna.com], or to the agent or agency from whom You purchased the policy and by returning the policy before midnight of the 30th day after you received the policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments, fees and charges, less partial withdrawals made for this policy within 30 days after it receives notice of cancellation and the returned policy.

If returned, the policy or contract will be considered void from the beginning.

UL121DK

KEMPER INVESTORS LIFE INSURANCE COMPANY

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Phone: [(877) 678-7534]

AVIATION RISKS EXCLUSION ENDORSEMENT

1. CONSIDERATION

We agree to issue or reinstate (as the case may be) the policy subject to the following aviation risks exclusions:

2. AVIATION RISKS EXCLUSIONS

The policy's death benefit will be paid as described in this endorsement if the death of the Insured results from travel or flight in, or descent from or with any:

- (a) Military, naval or air force aircraft;
- (b) Aircraft being operated for any aviation training; or
- (c) Other aircraft unless the Insured is being transported solely as a passenger.

3. DEATH BENEFIT

If the Insured's death results from any aviation risks exclusion and the policy has been in force less than two years, the amount payable under the policy and all riders will be the total premiums paid, plus any interest due or accrued, less partial withdrawals and Policy Debt.

If the Insured's death results from any aviation risks exclusion after this policy has been in force two or more years from the Date of Issue, the amount payable under the policy and all riders will be limited to the reserve on

the Death Benefit of the policy, plus any interest due or accrued, less any Policy Debt. For the purpose of determining the amount payable, deficiency reserves are not included.

4. INCONTESTABILITY

If the Insured's death results from any aviation risks exclusion, the Incontestability provision of the policy will not be construed to require us to pay any amount in excess of the amount provided in this endorsement.

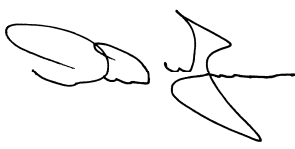
5. TERMINATION

This endorsement will terminate on the earliest of the following:

- (a) The next monthly date following Our receipt of Written Notice for policy termination;
- (b) The date We agree to remove this endorsement from the policy;
- (c) The date the Insured dies; or
- (d) The date the policy terminates.

Termination of this endorsement will not affect policy values.

Signed for Kemper Investors Life Insurance Company.


SECRETARY


PRESIDENT

Endorsement Date, if other than the Date of Issue: [APRIL 1, 2010]

TO BE COMPLETED BY APPLICANT/POLICY OWNER

AMENDMENT TO APPLICATION DATED:

TO: KEMPER INVESTORS LIFE INSURANCE COMPANY

I agree that any insurance granted on the application will include the Aviation Risks Exclusion Endorsement (UL121AVE-01). I also agree that this document and the endorsement will form a part of the application and the policy, if issued, to which the application is made. I understand and agree that the endorsement will be binding on any person who may have or claim any interest under the policy.

Applicant/ Policy Owner

Date

Witness

Date

KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

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LAPSE PROTECTION BENEFIT RIDER

POLICY VALUES AT THE END OF A LAPSE PROTECTION BENEFIT PERIOD MAY BE INSUFFICIENT TO KEEP THE POLICY IN FORCE UNLESS ADDITIONAL PREMIUM IS PAID AT THAT TIME.

This rider is made a part of the policy to which it is attached and is subject to all policy terms and provisions.

1. LAPSE PROTECTION BENEFIT

The Lapse Protection Benefit provides that the policy will not lapse as long as the balance of the Lapse Protection Value, less any Policy Debt, is greater than zero, and the policy to which this rider is attached has not previously terminated. Policy benefits will remain in force while the Lapse Protection Benefit is in effect. Monthly Deductions will continue while the policy is in force during the Lapse Protection Benefit Period.

2. DEFINITIONS

Lapse Protection Cost of Insurance Rates –

The Lapse Protection Cost of Insurance Rates are based on the policy year and the Insured's Issue Age, gender and premium class as shown on the Schedule Page. We may use different cost of insurance rates for any Specified Amount increase. Once the cost of insurance rate scales have been set for a particular Specified Amount of insurance, gender and premium class, the rates will not change as long as the balance of the Lapse Protection Account Value B is positive.

Lapse Protection Value – The Lapse Protection Value is a reference value used to determine whether the Lapse Protection Benefit is still in effect. It is equal to the balance in Lapse Protection Account Value B as defined below.

Monthly Date – The same day of each month as the Policy Date. The existence of the Lapse Protection Benefit will be determined on each Monthly Date.

Lapse Protection Benefit Period – You chose the Initial Selected Lapse Protection Benefit Period when you applied for this insurance coverage. Your Lapse Protection Benefit Period election is shown on the Schedule Page. It is a period of time over which the Lapse Protection Account Value B remains positive if the Guaranteed Premium for Selected Lapse Protection Benefit Period shown on the Schedule Page is paid.

Lapse Protection Account Value A – Lapse Protection Account Value A is a reference value used to determine the existence of the Lapse Protection Benefit. It is determined on each Monthly Date and equals:

- (a.) The balance of the Lapse Protection Account Value A as of the prior Monthly Date (zero on the date of issue); plus
- (b.) The Lapse Protection Premium paid as of the current Monthly Date (the Lapse Protection Premium is shown on the Schedule Page for the Initial Specified Amount), plus the Lapse Protection Premium associated with any subsequent increases in the Specified Amount; less
- (c.) The Lapse Protection Account Value A premium loads shown on the Lapse Protection Account A Schedule Page; less
- (d.) The Lapse Protection Account Value A Lapse Protection Cost of Insurance, calculated using the rates shown on the Schedule Page for the Initial Specified Amount and any subsequent increases in the Specified Amount; less
- (e.) Partial Withdrawals, if any; plus
- (f.) Interest on the balance of the Lapse Protection Account A using the Lapse Protection Account Value A Interest Rates as shown on the Schedule Page.

Lapse Protection Account Value A is a reference account used to evaluate the existence of the Lapse Protection Benefit and cannot be surrendered for cash.

Lapse Protection Account Value B -- Lapse Protection Account Value B is a reference account used to determine the existence of the Lapse Protection Benefit. It is determined each Monthly Date and equals:

- (a.) The balance of Lapse Protection Account Value B as of the prior Monthly Date (zero on the date of issue), plus

- (b.) Actual premiums paid since the prior Monthly Date; less
- (c.) The Lapse Protection Account Value B premium loads shown on the Lapse Protection Account B Schedule Page; less
- (d.) The Lapse Protection Account Value B Cost of Insurance, calculated using the rates shown on the Schedule Page for the Initial Specified Amount and any subsequent increases in the Specified Amount; less
- (e.) Partial Withdrawals, if any; plus
- (f.) Interest on the balance of the Lapse Protection Account B using Lapse Protection Account Value B Interest Rates as shown on the above Schedule Page.

Lapse Protection Account Value B is a reference account used to evaluate the Lapse Protection Benefit and cannot be surrendered for cash.

Threshold Percentage – The Threshold Percentage is the factor applied to Lapse Protection Account Value A as shown in the Lapse Protection Calculations section. The Threshold Percentage is shown on the Schedule Page.

3. LAPSE PROTECTION CALCULATIONS

If the balance of Lapse Protection Account Value B, less any Policy Debt, is less than zero on a Monthly Date and the policy Surrender Value is also less than zero on such Monthly Date, the policy will lapse as described in the policy's Grace Period provision.

If the balance of Lapse Protection Account Value B calculated using the method described above, less any Policy Debt, is greater than zero on any Monthly Date, the policy will not lapse.

If the balance of Lapse Protection Account Value B, less any Policy Debt, is less than zero on any Monthly Date while this policy is in force, but the policy Surrender Value is still greater than zero on that Monthly Date, the policy will not lapse.

We will send advance written notification to You at Your last known address prior to termination of the Lapse Protection Benefit whenever the premiums paid are insufficient to maintain the Lapse Protection Benefit.

We will also send written notification to You at Your last known address whenever the Lapse Protection Benefit is not in effect on any given Monthly Date while the policy is in force.

You may restore the Lapse Protection Benefit anytime while Your policy and rider are in force. You may do this by paying additional premium

determined by Us so that the Lapse Protection Account Value B, less the Policy Debt, if any, is positive. When the Lapse Protection requirements are satisfied, the Lapse Protection Benefit will resume in accordance with the provisions of this rider.

The paragraphs below describe how interest is credited to the balance of the Lapse Protection Account Value B:

If the balance in Lapse Protection Account Value B, before crediting interest on any Monthly Date, **is greater than** the Threshold Percentage times the balance of Lapse Protection Account Value A before interest is credited on Account Value A, interest on Lapse Protection Account Value B up to the Threshold Percentage times the balance of Lapse Protection Account Value A will be credited at the Lapse Protection Account Value A Interest Rate.

For the balance of Lapse Protection Account B **in excess of** the Threshold Percentage times Lapse Protection Account Value A, interest to the balance will be credited at the interest rate shown on the Lapse Protection Account Value B Schedule Page.

If the balance in Lapse Protection Account Value B, before crediting interest on any Monthly Date, is **less than or equal** to the Threshold Percentage times the balance in Lapse Protection Account Value A before interest is credited to Account Value A, interest will be credited to Lapse Protection Account Value B using the Lapse Protection Account Value A Interest Rate.

4. CHANGES IN LAPSE PROTECTION PREMIUMS

In the event that the policy Specified Amount is changed, or if the premium class, age or gender is misstated or changed, the Lapse Protection Premium used in calculations of Lapse Protection Account Value A and the Guaranteed Premium for the Selected Lapse Protection Benefit Period may be recalculated.

5. IMPACT OF ACCELERATION OF DEATH BENEFITS, IF ANY

The acceleration of death benefits, if any, will affect the Lapse Protection Benefit by decreasing the Specified Amount used in Lapse Protection Account Value A and Lapse Protection Account Value B calculations shown under Item 3 of this rider. The acceleration of death benefits will also reduce the premiums and loads used in the calculation of the Lapse Protection Account values.

6. ANNUAL REPORT

While this rider is in force, the following information will be included in your policy's Annual Report

- (a.) the balance of Lapse Protection Account Value B calculated as of the last Monthly Date; and
- (b.) the amount of premium necessary to restore the Lapse Protection Benefit in the event the Lapse Protection Benefit is not effective while the policy is in force.

7. BENEFIT COST

The Lapse Protection Benefit Cost of Insurance Rates and all other Lapse Protection Benefit charges shown on the Schedule Page are only used to determine the balance of Lapse Protection Account Value A and Lapse Protection Account Value B and have no direct bearing on actual policy values.

8. TERMINATION

This benefit will terminate on the earliest of the following:

- (a.) The next monthly date on the following receipt of Written Notice for benefit termination; or
- (b.) The date the Insured dies; or
- (c.) The date the policy terminates.


REINSTATEMENT

If the policy to which this rider is attached is reinstated according to the applicable policy provisions, this rider will also be reinstated if the Lapse Protection Requirements for the Lapse Protection Benefit to be reinstated are satisfied.

9. EFFECTIVE DATE OF THIS BENEFIT

This benefit is issued as of the Policy Date of the policy unless a different date is shown on the Schedule Page.

Signed for Kemper Investors Life Insurance Company.

{  }

SECRETARY

{  }

PRESIDENT

KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Phone: [(877) 678-7534]

MATURITY EXTENSION RIDER

THE POLICY MAY NOT QUALIFY AS LIFE INSURANCE UNDER FEDERAL TAX LAW AFTER YOU REACH ATTAINED AGE 121 AND MAY BE SUBJECT TO ADVERSE TAX CONSEQUENCES. CONSULT A TAX ADVISOR BEFORE CHOOSING TO CONTINUE THE POLICY AFTER REACHING ATTAINED AGE 121.

This rider is made a part of the policy to which it is attached and is subject to all policy terms and provisions.

1. BENEFIT

At or beyond the Insured's Attained Age 121, and while the policy and this rider are in force, We will pay a death benefit equal to the death benefit payable at Attained Age 121. Interest will continue to accrue on the Policy Value (and any Policy Debt) until death occurs.

2. DEATH BENEFIT

While this policy and rider are in force, at or beyond the Insured's Attained Age 121, We will pay a death benefit equal to the death benefit payable at Attained Age 121.

3. MATURITY DATE

If the Insured is living on the Maturity Date and while this policy and rider are in force, the policy will continue. After Attained Age 121, monthly deductions will be zero. We will continue to credit interest monthly to the Policy Value. Interest on any Policy Debt will continue to accrue. No policy changes may occur and no further premiums may be paid. New policy loans may be taken, and loans repayments will be accepted.

4. RIDER COST

There is no charge for this rider.

5. TERMINATION

This rider will terminate on the earliest of the following:

- (a.) The next monthly date following receipt of Written Notice for benefit termination; or
- (b.) The date the Insured dies; or
- (c.) The date the policy terminates.

Termination of this rider will not affect Policy Values.

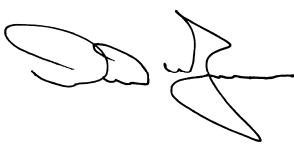
6. EFFECTIVE DATE OF THIS BENEFIT

This benefit is issued as of the Policy Date of the policy unless a different date is shown on the policy Schedule Page.

7. REINSTATEMENT

This rider may be reinstated in accordance with the Reinstatement provision of the policy to which it is attached.

Signed for Kemper Investors Life Insurance Company.

{  }

SECRETARY

{  }

PRESIDENT

KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Phone: [(877) 678-7534]

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

IF YOU RECEIVE PAYMENT OF ACCELERATED BENEFITS FROM A LIFE INSURANCE POLICY, YOU MAY LOSE YOUR RIGHT TO RECEIVE CERTAIN PUBLIC FUNDS. THESE PUBLIC FUNDS INCLUDE MEDICARE, MEDICAID, SOCIAL SECURITY, SUPPLEMENTAL SECURITY, SUPPLEMENTAL SECURITY INCOME (SSI), AND POSSIBLY OTHERS. RECEIVING ACCELERATED BENEFITS FROM A LIFE INSURANCE POLICY MAY HAVE TAX CONSEQUENCES FOR YOU. WE CANNOT GIVE YOU ADVICE ABOUT THIS. YOU MAY WISH TO OBTAIN ADVICE FROM A TAX PROFESSIONAL OR AN ATTORNEY BEFORE YOU DECIDE TO RECEIVE ACCELERATED BENEFITS FROM A LIFE INSURANCE POLICY.

POLICY VALUES, LOAN VALUES AND DEATH BENEFITS WILL BE REDUCED IF YOU RECEIVE AN ACCELERATED BENEFIT.

This rider is made a part of the policy to which it is attached and is subject to all of the policy terms and provisions.

1. BENEFIT

You may elect a one-time Accelerated Death Benefit that may be used with no restrictions. We will pay 95% of the available benefit You select less a \$100 fee and less any Policy Debt. The maximum benefit amount is 50% of the policy's available death benefit proceeds up to a maximum of \$1,000,000. The minimum payment amount is the lesser of 25% or \$50,000 of the available death benefit proceeds payable in a lump sum.

2. QUALIFYING FOR THE BENEFIT

A doctor must certify that the Insured has an illness or condition resulting in a life expectancy of 24 months or less. For purposes of this rider, a "doctor" is a physician as defined in section 1861(r)(1) of the Social Security Act and who is properly licensed to practice medicine in the state where the Insured lives.

3. HOW TO REQUEST THE BENEFIT

In order to elect the benefit, You must complete and submit to Us a Request Form showing the percentage of the benefit requested. Due proof that the Insured qualifies for the benefit must also be provided to Us. A Request Form can be obtained by writing to Us at the address shown above. If We do not provide the Request Form to You within 15 days of Your request, You may meet all requirements by sending due proof explaining the nature and extent of the Insured's illness or condition to Us. Before payment can be made, We must contact any assignee or irrevocable Beneficiary and obtain their written consent for payment.

Before payment of any benefits, at Our expense, We may require more clinical, radiological, histological, laboratory or other medical evidence.

We may order Our own medical examination. In the event there is a dispute between the Insured's doctor and Our doctor, We will obtain at Our expense another medical opinion from an impartial third doctor.

4. EFFECT OF ACCELERATED BENEFITS ON THE POLICY

After payment, the policy will continue as long as the required premium payments are made. Payment of the benefit will reduce the policy death benefit, Cash Value, Loans, Surrender Value, Policy Value, and Minimum Premiums in an amount in proportion to the amount of the payment as a percentage of the total death benefit.

Upon receiving the Request Form, We will send You and any irrevocable Beneficiary a statement. The statement will show the effect of the payment on the policy death benefit, Policy Value, Cash Value, loan amounts, Surrender Value, Minimum Premiums, Monthly Deductions and other future charges and premiums after payment.

5. PAYMENT OF THE BENEFIT

Subject to any legal or policy limitations, We will pay the benefit to You or to Your estate while the Insured is living. If the policy is assigned or there is an irrevocable beneficiary, we must obtain a signed written consent from any assignee or irrevocable Beneficiary prior to payment.

Upon receipt of due proof We will make payment. Any delay in payment will be subject to the death benefit payment standards as contained in the policy.

Upon payment of the benefit, We will send a statement to the Owner and to the irrevocable Beneficiary. The statement will show the effect of the payment on the policy death benefit, Policy Value, Cash Value, loan amounts, Surrender Value, Minimum Premiums, Monthly Deductions and other charges and future premiums after payment.

6. DEATH OF INSURED PRIOR TO PAYMENT

If the Insured dies before We pay the benefit, but after We receive the request for the benefit, the rider will cease and the policy death benefit will be paid as described in the policy Death Benefit provision.

7. TERMINATION

This benefit will end on the earliest of the following dates:

- (a.) The next Monthly Date following receipt of Written Notice for benefit termination; or
- (b.) After You have received benefits under this rider; or
- (c.) The date the Insured dies; or
- (d.) The date the policy terminates.

Termination will not affect the payment of an Accelerated Death Benefit that may have occurred while this Rider was in force.


8. REINSTATEMENT

This rider may be reinstated in accordance with the Reinstatement provision of the policy to which it is attached.

9. EFFECTIVE DATE OF THIS BENEFIT

This rider is issued as of the Policy Date of the policy unless a different date is shown on the policy Schedule Page.

Signed for Kemper Investors Life Insurance Company.

{  }

SECRETARY

{  }

PRESIDENT

Foreign Travel Questionnaire



Kemper Investors Life Insurance Company

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: [877.678.7534]
Fax: [888.871.7537]
[www.zlifeusa.com]

Name of Proposed Insured _____

Date of Birth _____

1. Is the Proposed Insured a U.S. citizen? ☐ Yes ☐ No

If No, please complete Question numbers 2 and 3 below.

2. Does the Proposed Insured hold a green card ? ☐ Yes ☐ No

If Yes, please provide expiration date, if any _____

3. Does the Proposed Insured hold a visa? ☐ Yes ☐ No

If Yes, what type and expiration date _____

4. Has the Proposed Insured traveled or resided outside the U.S. or Canada within the past two years? ☐ Yes ☐ No

5. Does the Proposed Insured plan to travel or reside outside the U.S. or Canada within the next two years? ☐ Yes ☐ No

If Yes, please provide details.

Past	Future	Date and Duration (weeks)	Cities and Countries	Purpose
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

I represent that the questions above are to the best of my knowledge, true and complete. I agree that they will form a part of my application, and the policy, if issued.

Date at _____ this _____ day of _____, _____
City and State Month Year

Witness _____

Signature of Proposed Insured _____

Alcohol and Drug Use Questionnaire



Kemper Investors Life Insurance Company

Administrative Office

7045 College Boulevard
Overland Park, KS 66211-1523

Phone: [877.678.7534]

Fax: [888.871.7537]

[www.zlifeusa.com]

Name of Proposed Insured

Date of Birth

Section I. Alcohol Use - To be completed by the Proposed Insured (referred to as "you").

1. Do you presently use alcoholic beverages? ☐ Yes ☐ No Please record quantity in each category below:

Frequency	Wine	Beer	Liquor	Date of last drink
Daily				
Weekly				
Monthly				

2. Did you ever drink more than you do at the present time? ☐ Yes ☐ No Please describe below:

Frequency	Wine	Beer	Liquor	Date of last drink	How many years?
Daily					
Weekly					
Monthly					

3. Have you ever consulted a doctor or received treatment because of your alcohol use? ☐ Yes ☐ No

List dates, names, and addresses of any doctors, hospitals, or treatment centers:

4. Have you ever been charged with impaired driving, lost your job, or been arrested due to the influence of alcohol?

☐ Yes ☐ No

Please explain:

5. Are you now a member of Alcoholics Anonymous (A.A.)? ☐ Yes ☐ No

How often do you attend?

Section II. Drug Use

1. Are you currently using any of the following or have you ever used them in the past? If so, select all that apply and list type .

- a. Opium derivatives ☐ _____
- b. Barbiturates ☐ _____
- c. Marijuana ☐ _____
- d. Amphetamines ☐ _____
- e. Cocaine ☐ _____
- f. Hallucinogens ☐ _____
- g. IV drug use ☐ _____
- h. Other (explain) ☐ _____

2. If you selected any above, please give details:

Usual quantity	Frequency of use	Dates used

3. Have you ever sought medical treatment because of drug usage? ☐ Yes ☐ No

If so, please list names of doctors and institutions:

4. Have you ever been arrested or charged in connection with drugs? ☐ Yes ☐ No

If so, please give dates and details:

I represent that the questions above are to the best of my knowledge, true and complete. I agree that they will form a part of my application, and the policy, if issued.

Signature of Proposed Insured

Date

Witness

Aviation Questionnaire



Kemper Investors Life Insurance Company

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Overland Park, KS 66211-1523]

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Fax: [888.871.7537]
[www.zlifeusa.com]

Name of Proposed Insured _____

Date of Birth _____

Has the Proposed Insured ever flown or intends to fly within the next two years, other than as a fare paying passenger on a scheduled airline? If Yes, please complete questions 1 through 6 and the Additional Details section below. ☐ Yes ☐ No

The following to be completed by the Proposed Insured (referred to as "you").

1. Type of license currently held: ☐ Commercial ☐ Student ☐ Private
2. Do you hold a valid instrument rating: ☐ Yes ☐ No
3. Type and class of aircraft flown: ☐ Propeller ☐ Helicopter ☐ Home-Built ☐ Private
☐ Jet ☐ Glider ☐ Ultralite
4. Have you ever:
 - a. been in an aircraft accident? ☐ Yes ☐ No
 - b. been grounded? ☐ Yes ☐ No (If Yes to a, b, or c, explain below in Additional Details.)
 - c. been fined or reprimanded? ☐ Yes ☐ No
5. Do you have any operational limitations on your medial certificate? ☐ Yes ☐ No (If Yes explain below in Additional Details.)
6. If an extra premium is required for aviation would you prefer: ☐ To pay Extra Premium ☐ Aviation Exclusion Rider

Additional Details:

	Total hours experienced	Number of hours flown in the last 12 months	Number of hours flown in the last 12-24 months	Number of flying hours contemplated in next 12 months
Student				
Student Instructor				
Private				
Commercial				
Acrobatics				
Military				
Crop Dusting				
Stunt Flying				
Other:				

I represent that the questions above are to the best of my knowledge, true and complete. I agree that they will form a part of my application, and the policy, if issued.

Date at _____ this _____ day of _____, _____
City and State Month Year

Witness _____

Signature of Proposed Insured _____

Avocation Questionnaire



Kemper Investors Life Insurance Company

Administrative Office

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[7045 College Boulevard

Fax: [888.871.7537]

Overland Park, KS 66211-1523]

[www.zlifeusa.com]

Name of Proposed Insured

Date of Birth

Section I. Underwater Diving: To be completed by the Proposed Insured (referred to as "you").

Has the Proposed Insured ever engaged in Underwater Diving, or intends to engage in Underwater diving within the next two years? If Yes, please complete the remainder of Section I. ☐ Yes ☐ No

1. **Type:** ☐ Scuba ☐ Skin or Snorkel
2. **Purpose:** ☐ Recreation ☐ Wreck/Salvage Retrieval ☐ Commercial ☐ Search/Rescue ☐ Instructor
☐ Other _____
3. **Certification** (Check highest certification attained)
☐ Basic ☐ Open-Water ☐ Advanced Open-Water ☐ Dive Master/Instructor ☐ No Certificate
4. **Type of diving:**
 - a. Do you use the "buddy system"? ☐ Yes ☐ No
 - b. Do you do any ice diving? ☐ Yes ☐ No
 - c. Do you do any cave diving? ☐ Yes ☐ No

If you answered Yes to any of the above questions please provide full details, including location, dates, frequency, and future intentions.

5. Details of dive history and planned activities:

	Last 12 Months	Intended Next 12 Months
Average Depth		
Maximum Depth		
Number of Dives		

Section II. Racing

Has the Proposed Insured ever engaged in Racing, or intends to engage in Racing within the next two years? If Yes, please complete the remainder of Section II. ☐ Yes ☐ No

1. **Purpose of racing:** ☐ Amateur ☐ Professional

If both, give details:

2. **Type of vehicle/races:**

☐ Championship (Indy Cars)

☐ Demolition

☐ Motorcycle - Select all that apply: ☐ Hill Climbing ☐ Cross Country ☐ Circular Track ☐ Motocross

☐ Drag Racing - Select all that apply: ☐ Funny Car ☐ Top Fuel ☐ Pro Stock ☐ Modified Production
☐ Modified Super Stock ☐ Pure Stock

☐ Formula Racing - Select all that apply: ☐ Formula One ☐ Superver ☐ Vee ☐ Ford

☐ Midget Car Racing

☐ Sports Car Racing - Select all that apply: ☐ Canam ☐ Trans Am ☐ Production ☐ A ☐ B ☐ C
☐ All American GT ☐ Showroom Stock ☐ Vintage Sports

☐ Stock Car - Select all that apply: ☐ NASCAR Winston Cup Division ☐ Winston Division ☐ Amateur ☐ Street Stock
☐ NASCAR Modified Division ☐ Hobby Division ☐ USAC Super Modified Division
☐ NASCAR Busch Grand National Division

☐ Racing not covered above:

Give type and details:

3. **Frequency/Speed**

a. How many races did you enter in the last 12 months? _____

b. How many in the 12 months prior to that? _____

c. How many races do you contemplate in the next 12 months? _____

d. What is the maximum speed attained? _____

Section III. Other Avocations

Has the Proposed Insured ever engaged in any of these activities described below, or intends to engage such activities or similar activities within the next two years?

☐ Yes ☐ No

If Yes, is selected, please select the appropriate activity and provide details including the date of the activity and future plans for such activity in Section III and provide information in the Additional Details section below.

1. **Please give details in remarks section, including date of last activity and future plans.**

☐ Parachuting or Skydiving ☐ Mountain or Rock Climbing ☐ Motorboat or Powerboat Racing

☐ Hang Gliding ☐ Hot Air Balloon ☐ Other: _____

Additional Details

I represent that the questions above are to the best of my knowledge, true and complete. I agree that they will form a part of my application, and the policy if issued.

Date at _____ this _____ day of _____, _____
City and State Month Year

Witness X
Signature of Proposed Insured

Financial Questionnaire



Kemper Investors Life Insurance Company

Administrative Office

Phone: [877.678.7534]

[7045 College Boulevard

Fax: [888.871.7537]

Overland Park, KS 66211-1523]

[www.zlifeusa.com]

Name of Proposed Insured

Date of Birth

The following to be completed by the Proposed Insured (referred to as "you").

What is the purpose of this insurance?

Instructions for completion

- ☐ Personal / Family Protection
☐ Loan Protection
☐ Key Person Protection
☐ Buy/Sell
☐ Other _____

Answer sections A, B, F
 Answer sections A, B, C, F
 Answer sections A, D, F
 Answer sections A, E, F

A. Income

Please provide details of the income that you received from all sources for the last 2 years:

	Last year: \$	Prior year: \$
Salary	\$	\$
Bonus	\$	\$
Commission	\$	\$
Interest/Dividends	\$	\$
Rental (net)	\$	\$
Pension/Social Security	\$	\$
Other:	\$	\$
Total:	\$	\$

B. Net Worth

Please provide details of assets and liabilities:

Assets	
Primary Residence	\$
Personal Effects	\$
Cash	\$
Investments	\$
Investment Property	\$
Business (approximate market value of your share)	\$
Other:	\$
Total Assets:	\$
Liabilities	
Mortgage on Primary Residence	\$
Loans	\$
Mortgage on Investment Property	\$
Other:	\$
Total Liabilities:	\$
Net Worth:	\$

C. Loan

Please provide details of the loan that you wish to protect:

Purpose of Loan	Name/s of Borrower/s	Name of Lender	Loan Amount	Term of Loan	Interest Rate	Have the funds been fully drawn down?	Is this policy required for approval of the loan?
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Key Person

1. What is your role? _____
2. Approximately how much revenue is directly attributable to you? _____
3. Are any other persons in the Business also considered key persons? ☐ Yes ☐ No
If Yes, please provide details and state whether insurance is also being sought on these other persons: _____

4. Do you have any ownership interest or shareholding in the Business? ☐ Yes ☐ No
If Yes, please provide relevant details including the value of this interest or shareholding: _____

5. How was the sum insured calculated? _____

E. Buy/Sell

1. What is the current value of the Business? _____
2. How and when was this value calculated? _____
3. What is your % ownership in the Business? _____
4. Please state the names and % ownership of all other partners or shareholders: _____

5. Is a partnership, shareholder or buy/sell agreement in place? ☐ Yes ☐ No
6. Is insurance cover being proposed or already in-force on other Business owners? ☐ Yes ☐ No

F. Declaration (signed by proposed insured & signature by CPA/Attorney if reviewed by them)

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

_____ Name (Please Print)	_____ Signature of Proposed Insured	_____ Date
_____ Name (Please Print)	_____ Signature CPA/Attorney w/ license #	_____ Date

SERFF Tracking Number: MLLM-126729865 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401
Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Supporting Document Schedules

Item Status: Status
Date:

Satisfied - Item: Flesch Certification

Comments:

Readability Certification.

Attachment:

Readability Certification 07-20-2010.pdf

Item Status: Status
Date:

Satisfied - Item: Application

Comments:

The application forms to be used with policy form UL121AR-01 are filed with this submission as new forms and are provided under the Forms Tab for Department review and approval.

Item Status: Status
Date:

Satisfied - Item: Authorization Letter

Comments:

Authorization Letter.

Attachment:

Authorization Letter.pdf

Item Status: Status
Date:

Satisfied - Item: Statements of Variability

Comments:

Statement of Variability. Please note that a copy of the annotated Schedule Page is attached to the Schedule page Statement of Variability for your convenience.

Attachments:

Statement of Variability for Auxiliary Forms 07-20-2010.pdf

AR SOVL for Policy Form UL121-01 08-04-2010.pdf

SERFF Tracking Number: MLLM-126729865 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401
Company Tracking Number: 0146PAL02-08
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

AR SOVL for UL121AR-01 Schedule Page 08-04-2010.pdf

Item Status: Status
Date:

Satisfied - Item: Accelerated Benefits Disclosure
Statement

Comments:

Attached is a copy of Accelerated Benefits Disclosure Statement from AccBen for informational purposes.

Attachment:

AccBen Accelerated Benefits Disclosure Statement 07-20-2010.pdf

Item Status: Status
Date:

Satisfied - Item: Compliance Certification

Comments:

Compliance Certification

Attachment:

Arkansas Compliance Certification.pdf

Item Status: Status
Date:

Satisfied - Item: Certification of Compliance With
Regulation 34 and Bulletin 11-83

Comments:

Certification of Compliance With Regulation 34 and Bulletin 11-83

Attachment:

AR Certification of Compliance With Regulation 34 and Bulletin 11-83..pdf

Item Status: Status
Date:

Satisfied - Item: Copy of Revised Form UL121AR-
01 Showing Changes Marked

Comments:

Attached is a copy of revised form UL121AR-01 showing all changes marked.

Kemper Investors Life Insurance Company

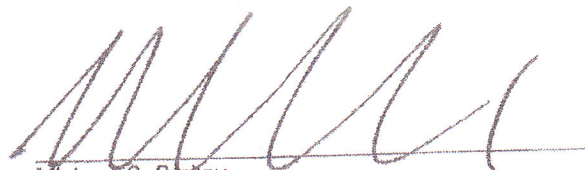
READABILITY CERTIFICATION

I hereby certify on behalf of Kemper Investors Life Insurance Company that the following forms have been tested by an acceptable method specified in the Model Law and obtained Flesch scores as indicated:

	Form Number	Description	Flesch Score
1.	UL121-01	Flexible Premium Adjustable Life Insurance Policy (Combined with Application form ZM-10300GK (07/10)	52.7
2.	ZM-10300GK (07/10)	Part I of Application for Life Insurance (Combined with Policy form UL121-01	52.7
3.	ZM-10000GK (07/10)	Part II of Application for Individual Life Insurance	55.8
4.	UL121RPE-01	Replacement Endorsement	50.8
5.	UL121DK	Right to Examine and Cancel Policy	52.9
6.	UL121AVE-01	Aviation Risks Exclusion Endorsement	53.2
7.	RLP121-01	Lapse Protection Benefit Rider	52.6
8.	RME121-01	Maturity Extension Rider	51.8
9.	RAccBen-01	Accelerated Benefit Rider for Terminal Illness	50.1
10.	ZM-10070FK (6/10)	Foreign Travel Questionnaire	75.7
11.	ZM-10050GK (07/10)	Alcohol and Drug Use Questionnaire	72.5
12.	ZM-10060GK (07/10)	Aviation Questionnaire	60.5
13.	ZM-10040FK (06/10)	Avocation Questionnaire	70.8
14.	A1-18997-A 07/10	Financial Questionnaire	54.0

I hereby certify that the above forms, and the application used therewith, comply with the N.A.I.C. Model Policy Language Simplification Act. The forms described above are presented in no less than ten point type, one point leaded. The style, arrangement and overall appearance of the forms gives no undue prominence to any portion of the test or section of the forms.

Unless we hear from you to the contrary, we will assume that this certification satisfies the certification requirements for compliance with any present or future readability law enacted by your state. We understand that this certification will not be valid to the extent that there is a material difference between the readability law of your state and the N.A.I.C. Model.



Michael S. Smiley
Assistant Secretary

Date: July 19, 2010

ADMINISTRATIVE OFFICE
15375 SE 30TH Place, Suite 310
Bellevue, Washington 98007
Phone 425-577-5100
Fax 425-643-8132

April 21, 2010

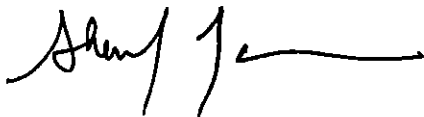
Mr. Jeffrey V. Kulesus, FLMI
Consultant
Milliman, Inc.
Two Conway Park, Suite 180
150 Field Drive
Lake Forest, Illinois 60045

RE: State Insurance Filings

Dear Mr. Kulesus:

This letter will serve as authorization from Kemper Investors Life Insurance Company for employees of Milliman, Inc. to file policy forms and other related material on the company's behalf. It also authorizes Milliman to respond to inquiries on our behalf with all state insurance departments and jurisdictions where Kemper Investors Life Insurance Company is authorized to do business.

Sincerely,



Sherif Zakhary
Vice President

Statement of Variability for Auxiliary Forms ZM-10000GK (07/10), Part II of Application for Individual Life Insurance; UL121RPE-01, Replacement Endorsement; UL121DK, Right to Examine and Cancel Policy; UL121AVE-01, Aviation Risks Exclusion Endorsement; RLP121-01, Lapse Protection Benefit Rider; RME121-01, Maturity Extension Rider; RAccBen-01, Accelerated Benefit Rider for Terminal Illness; ZM-10070FK (6/10), Foreign Travel Questionnaire; ZM-10050GK (07/10), Alcohol and Drug Use Questionnaire; ZM-10060GK (07/10), Aviation Questionnaire; ZM-10040FK (06/10) Avocation Questionnaire; and A1-18997-A 07/10, Financial Questionnaire

Page Number / Location	Provision or Section	Bracketed Item	Description of Variable	Use
First Page	COMPANY LOGO (if shown)	Company Logo	Company Logo	If the company's logo changes, the logo will be replaced with the current logo.
First Page	HOME OFFICE (if shown)	Schaumburg, Illinois 60196-6801	Company's home office address	If the company's home office address changes, address will be replaced with the current address.
First Page	ADMINISTRATIVE OFFICE	7045 College Boulevard, Overland Park, KS 66211-1523	Company's administrative office address	If the company's administrative office address changes, address will be replaced with the current address.
First Page	TOLL FREE TELEPHONE NUMBER	(877) 678 -7534	Company's toll free telephone number	If the company's toll free telephone number changes, the telephone number will be replaced with the current toll free telephone number.
First Page of Application and Questionnaire Forms Only	COMPANY E-MAIL ADDRESS	life.customercare@zurichna.com	Company's e-mail address	If the company's e-mail address changes, address will be replaced with the current e-mail address.

Last Page	SECRETARY SIGNATURE (if shown)	Secretary	Signature of appointed Secretary at the time the policy is issued	If a change in Secretaries occurs, the signature will be replaced with the then acting Secretary.
Last Page	SECRETARY SIGNATURE (if shown)	President	Signature of appointed President at the time the policy is issued	If a change in Presidents occurs, the signature will be replaced with the then acting President.
Page 4 of 4, of Form ZM- 10000GK (07/10) Only	FRAUD WARNINGS AND OTHER NOTICES	Fraud Warnings and Other Notices	State Required Fraud Warnings and Other Notices	If the state fraud warnings and other notices may change in accordance with changes in state laws, rules and regulations, the fraud warnings and other notices will change in accordance with state requirements.

Statement of Variability for Policy Form Number UL121AR-01

Page Number / Location	Provision or Section	Bracketed Item	Description of Variable	Use
Cover Page	HOME OFFICE	Schaumburg, Illinois 60196-6801	Company's home office address	If the company's home office address changes, address will be replaced with the current address at the time the policy is issued.
Cover Page	ADMINISTRATIVE OFFICE	7045 College Boulevard, Overland Park, KS 66211-1523	Company's administrative office address	If the company's administrative office address changes, address will be replaced with the current address at the time the policy is issued.
Cover Page	TOLL FREE TELEPHONE NUMBER	(877) 678 -7534	Company's toll free telephone number	If the company's toll free telephone number changes, the telephone number will be replaced with the current toll free telephone number.
Cover Page		Secretary	Signature of appointed Secretary at the time the policy is issued	If a change in Secretaries occurs, the signature will be replaced with the then acting Secretary.
Cover Page		President	Signature of appointed President at the time the policy is issued	If a change in Presidents occurs, the signature will be replaced with the then acting President.
Cover Page	20-DAY RIGHT TO EXAMINE THIS POLICY	Schaumburg, Illinois 60196-6801	Company's home office address	If the company's home office address changes, address will be replaced with the current address at the time the policy is issued.
Cover Page	20-DAY RIGHT TO EXAMINE THIS POLICY	life.customercare@zurichna.com	Company's e-mail address	If the company's e-mail address changes, address will be replaced with the current e-mail address at the time the policy is issued.

Cover Page	20-DAY RIGHT TO EXAMINE THIS POLICY	The Right to Examine This Policy provision	The entire provision	If the company issues a replacement policy, the entire right to Examine This Policy provision will be replaced with a sticker (Form UL121DK) which is identical to the existing policy Right to Examine This Policy provision with the exception that the right to examine period will be shown as 30 days instead of 20 days.
Back Page	HOME OFFICE	Schaumburg, Illinois 60196-6801	Company's home office address	If the company's home office address changes, address will be replaced with the current address at the time the policy is issued.
Back Page	ADMINISTRATIVE OFFICE	7045 College Boulevard, Overland Park, KS 66211-1523	Company's administrative office address	If the company's administrative office address changes, the address will be replaced with the current address at the time the policy is issued.

Statement of Variability for Policy Schedule Page For Form Number UL121AR-01

Variable	Bracketed Item	Description of Variable	Use
#1	POLICY NUMBER	As automated system assigns.	Data will change with each policy
#2	INSURED	Insured's name as it appears on the application.	Data will change with each policy
#3	AGE	Issue ages 0 - 85	Data will change with each policy
#4	SEX	Gender choices are 'Male' or 'Female'	Data will change with each policy
#5	POLICYOWNER	Owner's name as it appears on the application.	Data will change with each policy
#6	POLICY DATE	Issue date, unless otherwise specified on the application. format = Month, DD,YYYY	Data will change with each policy
#7	ISSUE DATE	Issue Date format = Month, DD,YYYY	Data will change with each policy
#8	MATURITY DATE	Shows policy anniversary nearest the Insured's age 121 format = Month, DD, YYYY	Data will change with each policy
#9	INITIAL SPECIFIED AMOUNT (EXCLUDING RIDERS)	\$100,000.00 - \$999,999,999.00 (Numerical range) (Maximum subject to underwriting limits)	Data will change with each policy
#10	MINIMUM SPECIFIED AMOUNT	\$100,000.00 - 250,000.00 (Numerical range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#11	PREMIUM CLASS	Preferred Best Non-Tobacco Preferred Non-Tobacco Standard Plus Non-Tobacco Standard Non-Tobacco Preferred Tobacco Standard Tobacco	Data will change with each policy
#12	TABLE EXTRA	Section will appear only if a Table rating is assigned.	Data will change with each policy
#12a	% of extra	Percentage range between 50 and 400 percent.	Data will change with each policy
#12b	Table	Table 2; Table 3, Table 4, Table 5, Table 6, Table 7, Table 8, Table 9, Table 10, Table 11, Table 12, Table 13, Table 14, Table 15, Table 16	Data will change with each policy

#13	FLAT EXTRA CHARGE	Section will appear only if a temporary or permanent flat extra charge is applied.	Data will change with each policy
#13a	\$ amount per \$1000	\$0.50 - \$100.00 (Numerical range)	Data will change with each policy
#13b	number of years	1 - 121 (Numerical range)	Data will change with each policy
#14	BASIS OF VALUES	Male Non-Tobacco Male Tobacco Female Non-Tobacco Female Tobacco	Data will change with each policy by gender and tobacco class
#15	PLANNED PERIODIC PREMIUM	200.00 - 9,999,999.00 (Numerical range) Dollar amount varies by age, gender, premium class, death benefit option and coverage amount.	Data will change with each policy
#16	PREMIUM FREQUENCY	Annual, Semi-annual, Quarterly, Monthly	Data will change with each policy
#17	INITIAL PREMIUM	200.00 - 9,999,999.00 (Numerical range) Dollar amount varies by age, gender, premium class, death benefit option and coverage amount.	Data will change with each policy
#18	MINIMUM PREMIUM	200.00 - 10,000.00 (Numerical range) Dollar amount varies by age, gender, premium class, death benefit option and coverage amount.	Data will change with each policy
#19	LAPSE PROTECTION PREMIUM (ACCOUNT VALUE A)	\$ premium per year 200.00 - 9,999,999.00 (Numerical range). Dollar amount varies by age, gender, premium class, death benefit option and coverage amount.	Data will change with each policy
#20	GUARANTEED PREMIUM FOR SELECTED LAPSE PROTECTION BENEFIT PERIOD	\$ premium per year 200.00 - 9,999,999.00 (Numerical range). Dollar amount varies by age, gender, premium class, death benefit option and coverage amount.	Data will change with each policy
#21	Selected Payment Period	1 - 121 (Year numerical range) This is the selected payment period for Item # 22.	Data will change with each policy
#22	INITIAL SELECTED LAPSE PROTECTION BENEFIT PERIOD	5 - 121 (Numerical range)	Data will change with each policy
#23	DEATH BENEFIT OPTION	A or C (Alpha)	Data will change with each policy
#24	ISSUE STATE	All states within the Continental United States plus Alaska and Hawaii.	Data will change with each policy
#25	DEPARTMENT OF INSURANCE TELEPHONE NUMBER	Area code plus telephone number, as provided by DOI. 123-456-7890	Data will change with each policy

#26	TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATE PER \$1000	Table shows the ages and associated guaranteed maximum monthly cost of insurance rates for the appropriate Issue Age, tobacco class and gender.	Data will change with each policy
#27	GUARANTEED MONTHLY POLICY LOAD PER \$1,000 SPECIFIED AMOUNT	0.00 - 50.00 (Numerical range) Dollar amount varies by Issue Age, gender, premium class, death benefit option and coverage amount and will be applied in a uniform and nondiscriminatory manner to all Insureds in the same class.	Data will change with each policy
#28	TABLE OF SURRENDER CHARGES	Dollar amount varies by Issue Age, tobacco class, gender and coverage amount.	Data will change with each policy
#29	MINIMUM INCREASE IN SPECIFIED AMOUNT	50,000.00 - 200,000.00 (Dollar amount range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#30	MINIMUM DECREASE	25,000.00 - 200,000.00 (Dollar amount range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#31	MINIMUM PLANNED PERIODIC PREMIUM	200.00 - 10,000.00 (Dollar amount range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#32	MINIMUM PARTIAL WITHDRAWAL	2,000.00 - 25,000.00 (Dollar amount range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#33	MINIMUM PREMIUM PAYABLE	3 - 20 (Year numerical range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.

#34	MAXIMUM PARTIAL WITHDRAWAL FEE	50.00 - 200.00 (Dollar amount range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#35	MAXIMUM ATTAINED AGE FOR AN INCREASE OR REINSTATEMENT	75 - 100 (Year numerical range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#36	MINIMUM LOAN AMOUNT	2,000.00 - 25,000.00 (Dollar amount range)	Data may change depending upon experience. Any change will be applied in a uniform and nondiscriminatory basis for new policy issues on a go-forward basis.
#37	THRESHOLD PERCENTAGE FOR CALCULATION OF LAPSE PROTECTION ACCOUNT B CREDITED INTEREST	0.0 - 250.0 (Percentage range)	Data will change with each policy
#38	LAPSE PROTECTION ACCOUNT VALUE A MONTHLY COST OF INSURANCE RATES PER \$1,000	Table shows the ages and associated monthly cost of insurance rates for the appropriate Issue Age, Specified Amount, death benefit option, premium class and gender for Lapse Protection Account Value A.	Data will change with each policy
#39	LAPSE PROTECTION ACCOUNT VALUE A CREDITED INTEREST AND PREMIUM LOAD TABLE, Policy Year	1 - 121 (Numerical range)	Data will change with each policy
#40	Monthly Credited Interest Rate	0.1 - 3.00 (Percentage range)	Data will change with each policy
#41	Load Below Annual Threshold Premium	3.0 - 35.0 (Percentage range)	Data will change with each policy
#42	Annual Threshold Premium	200.00 - 9,999,999.00 (Dollar range)	Data will change with each policy
#43	Load Above Annual Threshold Premium	3.0 - 60.0 (Percentage range)	Data will change with each policy
#44	LAPSE PROTECTION ACCOUNT VALUE B MONTHLY COST OF INSURANCE RATES PER \$1,000	Table shows the ages and associated monthly cost of insurance rates for the appropriate Issue Age, Specified Amount, death benefit option, premium class and gender for Lapse Protection Account Value B.	Data will change with each policy

#45	LAPSE PROTECTION ACCOUNT VALUE B CREDITED INTEREST AND PREMIUM LOAD TABLE, Policy Year	1 - 121 (Numerical range)	Data will change with each policy
#46	Monthly Credited Interest Rate	0.1 - 3.00 (Percentage range)	Data will change with each policy
#47	Load Below Annual Threshold Premium	3.0 - 35.0 (Percentage range)	Data will change with each policy
#48	Annual Threshold Premium	200.00 - 9,999,999.00 (Dollar range)	Data will change with each policy
#49	Load Above Annual Threshold Premium	3.0 - 60.0 (Percentage range)	Data will change with each policy
#50	Monthly Percentage	0.1 - 3.0 (Percentage range)	Data will change with each policy

Please Note: The # sign plus the numbers 1 through 24 will not appear on the schedule. They were added for ease of relating the bracketed items to the SOVL.

SCHEDULE PAGE

Policy Number: #1[1234567890]

Insured: #2[John Doe]

Issue Age and Gender: #3[35, #4Male]

Owner: #5[John Doe]

Policy Date: #6[April 1, 2010]
Issue Date: #7[April 1, 2010]
Maturity Date: #8[April 1, 2096]

Initial Specified Amount (Excluding Riders): \$#9[2,500,000]
Minimum Specified Amount: \$#10[250,000.00]

Premium Class: #11[Standard Nontobacco]
#12[Table Extra: #12a [50.0]% extra cost of insurance #12b[(Table 2)]]
#13[Flat Extra Charge: \$#13a[15.00] per \$1,000 of amount at risk for #13b[3] years]
Basis of Values: 2001 CSO #14[Male Nonsmoker] Mortality Table,
Age Nearest Birthday

Guaranteed Minimum Credited Interest Rate: 2.0% Per Year (Equivalent to 0.16516% Per Month)

Planned Periodic Premium: \$#15[15,482.50]
Premium Frequency: #16[Annually]
Initial Premium: \$#17[15,482.50]
Minimum Premium: \$#18[14,190.70] Per Year for the First 3 Policy Years
Lapse Protection Premium (Account Value A): \$#19[15,482.50]
Maximum Lapse Protection Period: To Insured Attained Age 121
Guaranteed Premium for Selected
Lapse Protection Benefit Period: \$#20[15,482.50] for #21[65] years
Initial Selected Lapse Protection Benefit Period: To Insured Attained Age #22[100]

Plan: Flexible Premium Adjustable Life
Death Benefit Option: #23[A]

Issue State: #24[Pennsylvania]

Department of Insurance Telephone Number: #25[123-456-7890]

The policy may not mature even if Planned Periodic Premiums are paid because the current cost of insurance and interest rates are not guaranteed, policy loans and partial withdrawals may be taken, and there may be changes to the Specified Amount.

At some future time, the Policy Value may not cover the next Monthly Deductions. When that occurs, the policy may enter the Grace Period and will terminate at the end of that period if sufficient premium to cover the Monthly Deductions is not paid before the end of the Grace Period.

Costs of insurance, expense charges, and other charges for riders and endorsements, if any, are shown on the rider schedule page(s).

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: #6[April 1, 2010]

#26 Table of Monthly Guaranteed Cost of Insurance Rates Per \$1,000 of Amount At Risk

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.091	65	31	1.289	95	61	22.266
36	2	0.096	66	32	1.418	96	62	23.649
37	3	0.100	67	33	1.548	97	63	25.124
38	4	0.108	68	34	1.688	98	64	26.698
39	5	0.114	69	35	1.833	99	65	28.378
40	6	0.122	70	36	2.008	100	66	30.175
41	7	0.132	71	37	2.205	101	67	31.601
42	8	0.144	72	38	2.463	102	68	33.120
43	9	0.158	73	39	2.736	103	69	34.737
44	10	0.175	74	40	3.023	104	70	36.457
45	11	0.194	75	41	3.336	105	71	38.261
46	12	0.213	76	42	3.678	106	72	40.179
47	13	0.233	77	43	4.074	107	73	42.218
48	14	0.244	78	44	4.538	108	74	44.386
49	15	0.258	79	45	5.073	109	75	46.688
50	16	0.277	80	46	5.656	110	76	49.133
51	17	0.299	81	47	6.320	111	77	51.728
52	18	0.330	82	48	7.012	112	78	54.483
53	19	0.363	83	49	7.758	113	79	57.409
54	20	0.406	84	50	8.583	114	80	60.513
55	21	0.458	85	51	9.506	115	81	63.806
56	22	0.512	86	52	10.528	116	82	67.299
57	23	0.569	87	53	11.645	117	83	71.004
58	24	0.618	88	54	12.842	118	84	74.935
59	25	0.675	89	55	14.104	119	85	79.102
60	26	0.743	90	56	15.422	120	86	83.333
61	27	0.827	91	57	16.661			
62	28	0.928	92	58	17.953			
63	29	1.043	93	59	19.315			
64	30	1.163	94	60	20.754			

The monthly guaranteed cost of insurance rates shown above are based on the 2001 Commissioner's Standard Ordinary Smoker/Non smoker Mortality Table, Age Nearest Birthday and the Insured's gender and premium class at issue. Actual monthly cost of insurance rates will be determined by Us based on Our expectations as to future experience. However, these actual costs of insurance rate will not be greater than those shown above.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Expense Charges

Guaranteed Maximum Monthly Expense Charges:	\$7.50 Per Policy
Percentage of Premium Expense Charges (Guaranteed Maximum):	7.5% on All Premium Received in All Policy Years
Guaranteed Monthly Policy Load Per \$1,000 Specified Amount:	\$#27[1.00] All Policy Years

#28TABLE OF SURRENDER CHARGES FOR POLICY SURRENDER

Year	Charge
1	\$ 46,925.00
2	44,875.00
3	42,775.00
4	40,650.00
5	38,475.00
6	36,250.00
7	34,000.00
8	31,700.00
9	29,350.00
10	26,950.00
11	24,500.00
12	22,000.00
13	19,450.00
14	16,850.00
15	14,200.00
16	11,500.00
17	8,700.00
18	5,875.00
19	2,975.00
20	\$ 0.00
And Thereafter	

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: #6[April 1, 2010]

Death Benefit As A Percentage of Policy Value Table

Attained Age	Percentage	Attained Age	Percentage
0-40	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94-100	101
59	134	101+	100
60	130		

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Minimum Increase in Specified Amount:	\$#29[50,000.00]
Minimum Decrease in Specified Amount:	\$#30[25,000.00]
Minimum Planned Periodic Premium:	\$#31[200.00]
Minimum Partial Withdrawal Amount:	\$#32[2,000.00]
Minimum Premium Payable For:	#33[3] Years
Maximum Partial Withdrawal Fee:	\$#34[50.00]
Maximum Attained Age for an Increase or Reinstatement:	#35[80]
Maximum Loan Interest Rate:	6.0% (Annual Effective Rate in Arrears)
Minimum Loan Amount:	\$#36[2,000.00]
Threshold Percentage for Calculation of Lapse Protection Account B Credited Interest:	#37[150.0]%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A

Lapse Protection Account Value A Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value A Cost of Insurance Rates are only used to determine the balance of Account Value A and have no bearing on the Policy Value, Cash Value, or Surrender Value.

#38

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table

The Lapse Protection Account Value A premium loads are used to determine the monthly value of Lapse Protection Account A. There are two premium loads. The first Lapse Protection Account Value A premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value A premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

#39	#40	#41	#42	#43	#39	#40	#41	#42	#43
Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	10.00%	31	0.4868%	10.00%	\$49,931.88	10.00%
2	0.4074%	10.00%	30,965.00	10.00%	32	0.4868%	10.00%	54,857.21	10.00%
3	0.4074%	10.00%	30,965.00	10.00%	33	0.5654%	10.00%	59,838.22	10.00%
4	0.4074%	10.00%	30,965.00	10.00%	34	0.5654%	10.00%	65,193.06	10.00%
5	0.4074%	10.00%	30,965.00	10.00%	35	0.6434%	10.00%	70,728.96	10.00%
6	0.4074%	10.00%	30,965.00	10.00%	36	0.6434%	10.00%	77,428.19	10.00%
7	0.4074%	10.00%	30,965.00	10.00%	37	0.7207%	10.00%	84,903.22	10.00%
8	0.4074%	10.00%	30,965.00	10.00%	38	0.7207%	10.00%	94,693.40	10.00%
9	0.4074%	10.00%	30,965.00	10.00%	39	0.7207%	10.00%	104,985.26	10.00%
10	0.4074%	10.00%	30,965.00	10.00%	40	0.7207%	10.00%	115,773.27	10.00%
11	0.4074%	10.00%	30,965.00	10.00%	41	0.7207%	10.00%	127,519.43	10.00%
12	0.4074%	10.00%	30,965.00	10.00%	42	0.7974%	10.00%	140,273.90	10.00%
13	0.4074%	10.00%	30,965.00	10.00%	43	0.7974%	10.00%	155,011.45	10.00%
14	0.4074%	10.00%	30,965.00	10.00%	44	0.7974%	10.00%	172,131.08	10.00%
15	0.4074%	10.00%	30,965.00	10.00%	45	0.7974%	10.00%	191,772.37	10.00%
16	0.4074%	10.00%	30,965.00	10.00%	46	0.8735%	10.00%	213,034.99	10.00%
17	0.4074%	10.00%	30,965.00	10.00%	47	0.8735%	10.00%	237,051.09	10.00%
18	0.4074%	10.00%	30,965.00	10.00%	48	0.8735%	10.00%	261,845.19	10.00%
19	0.4074%	10.00%	30,965.00	10.00%	49	0.8735%	10.00%	288,336.07	10.00%
20	0.4074%	10.00%	30,965.00	10.00%	50	0.8735%	10.00%	317,374.84	10.00%
21	0.4074%	10.00%	30,965.00	10.00%	51	0.9489%	10.00%	349,452.17	10.00%
22	0.4074%	10.00%	30,965.00	10.00%	52	0.9489%	10.00%	384,567.72	10.00%
23	0.4074%	10.00%	30,965.00	10.00%	53	0.9489%	10.00%	422,397.46	10.00%
24	0.4074%	10.00%	30,965.00	10.00%	54	0.9489%	10.00%	462,344.02	10.00%
25	0.4074%	10.00%	30,965.00	10.00%	55	0.9489%	10.00%	503,833.50	10.00%
26	0.4074%	10.00%	30,965.00	10.00%	56	1.0237%	10.00%	546,426.24	10.00%
27	0.4074%	10.00%	32,113.77	10.00%	57	1.0237%	10.00%	585,841.48	10.00%
28	0.4074%	10.00%	36,039.66	10.00%	58	1.0237%	10.00%	626,272.51	10.00%
29	0.4074%	10.00%	40,442.11	10.00%	59	1.0237%	10.00%	668,210.22	10.00%
30	0.4074%	10.00%	45,062.53	10.00%	60	1.0237%	10.00%	711,729.74	10.00%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table, Continued

#39	#40	#41	#42	#43	#39	#40	#41	#42	#43
	Monthly	Load		Load		Monthly	Load		Load
	Credited	Below	Annual	Above		Credited	Below	Annual	Above
Policy	Interest	Threshold	Threshold	Threshold	Policy	Interest	Threshold	Threshold	Threshold
Year	Rate	Premium	Premium	Premium	Year	Rate	Premium	Premium	Premium
61	1.0237%	10.00%	\$756,597.82	10.00%	76	1.0237%	10.00%	\$1,427,530.52	10.00%
62	1.0237%	10.00%	796,914.29	10.00%	77	1.0237%	10.00%	1,481,309.05	10.00%
63	1.0237%	10.00%	839,138.03	10.00%	78	1.0237%	10.00%	1,536,547.09	10.00%
64	1.0237%	10.00%	883,340.45	10.00%	79	1.0237%	10.00%	1,593,212.28	10.00%
65	1.0237%	10.00%	929,563.60	10.00%	80	1.0237%	10.00%	1,651,152.04	10.00%
66	1.0237%	10.00%	977,931.75	10.00%	81	1.0237%	10.00%	1,710,299.99	10.00%
67	1.0237%	10.00%	1,015,550.54	10.00%	82	1.0237%	10.00%	1,770,519.10	10.00%
68	1.0237%	10.00%	1,054,901.66	10.00%	83	1.0237%	10.00%	1,831,678.31	10.00%
69	1.0237%	10.00%	1,095,967.48	10.00%	84	1.0237%	10.00%	1,893,661.19	10.00%
70	1.0237%	10.00%	1,138,760.38	10.00%	85	1.0237%	10.00%	1,956,258.24	10.00%
71	1.0237%	10.00%	1,182,675.09	10.00%	86	1.0237%	10.00%	2,016,733.09	10.00%
72	1.0237%	10.00%	1,228,303.38	10.00%					
73	1.0237%	10.00%	1,275,632.10	10.00%					
74	1.0237%	10.00%	1,324,649.35	10.00%					
75	1.0237%	10.00%	1,375,305.02	10.00%					

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B

#44Lapse Protection Account Value B Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value B Cost of Insurance Rates are only used to determine the balance of Account Value B and have no bearing on Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table

The Lapse Protection Account Value B premium loads are used to determine the monthly value of Lapse Protection Account B. There are two premium loads. The first Lapse Protection Account Value B premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value B premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium,

#45	#46	#47	#48	#49	#45	#46	#47	#48	#49
	Monthly	Load	Annual	Load		Monthly	Load	Annual	Load
Policy	Credited	Below	Threshold	Above	Policy	Credited	Below	Threshold	Above
Year	Interest	Annual	Premium	Annual	Year	Interest	Annual	Premium	Annual
	Rate*	Threshold	Premium	Threshold		Rate*	Threshold	Premium	Threshold
1	0.4074%	10.00%	\$30,965.00	15.25%	31	0.4074%	10.00%	\$49,931.88	16.00%
2	0.4074%	10.00%	30,965.00	10.75%	32	0.4074%	10.00%	54,857.21	16.00%
3	0.4074%	10.00%	30,965.00	10.75%	33	0.4074%	10.00%	59,838.22	16.00%
4	0.4074%	10.00%	30,965.00	10.75%	34	0.4074%	10.00%	65,193.06	16.00%
5	0.4074%	10.00%	30,965.00	10.75%	35	0.4074%	10.00%	70,728.96	16.00%
6	0.4074%	10.00%	30,965.00	16.00%	36	0.4074%	10.00%	77,428.19	16.00%
7	0.4074%	10.00%	30,965.00	16.00%	37	0.4074%	10.00%	84,903.22	16.00%
8	0.4074%	10.00%	30,965.00	16.00%	38	0.4074%	10.00%	94,693.40	16.00%
9	0.4074%	10.00%	30,965.00	16.00%	39	0.4074%	10.00%	104,985.26	16.00%
10	0.4074%	10.00%	30,965.00	16.00%	40	0.4074%	10.00%	115,773.27	16.00%
11	0.4074%	10.00%	30,965.00	16.00%	41	0.4074%	10.00%	127,519.43	16.00%
12	0.4074%	10.00%	30,965.00	16.00%	42	0.4074%	10.00%	140,273.90	16.00%
13	0.4074%	10.00%	30,965.00	16.00%	43	0.4074%	10.00%	155,011.45	16.00%
14	0.4074%	10.00%	30,965.00	16.00%	44	0.4074%	10.00%	172,131.08	16.00%
15	0.4074%	10.00%	30,965.00	16.00%	45	0.4074%	10.00%	191,772.37	16.00%
16	0.4074%	10.00%	30,965.00	16.00%	46	0.4074%	10.00%	213,034.99	16.00%
17	0.4074%	10.00%	30,965.00	16.00%	47	0.4074%	10.00%	237,051.09	16.00%
18	0.4074%	10.00%	30,965.00	16.00%	48	0.4074%	10.00%	261,845.19	16.00%
19	0.4074%	10.00%	30,965.00	16.00%	49	0.4074%	10.00%	288,336.07	16.00%
20	0.4074%	10.00%	30,965.00	16.00%	50	0.4074%	10.00%	317,374.84	16.00%
21	0.4074%	10.00%	30,965.00	16.00%	51	0.4074%	10.00%	349,452.17	16.00%
22	0.4074%	10.00%	30,965.00	16.00%	52	0.4074%	10.00%	384,567.72	16.00%
23	0.4074%	10.00%	30,965.00	16.00%	53	0.4074%	10.00%	422,397.46	16.00%
24	0.4074%	10.00%	30,965.00	16.00%	54	0.4074%	10.00%	462,344.02	16.00%
25	0.4074%	10.00%	30,965.00	16.00%	55	0.4074%	10.00%	503,833.50	16.00%
26	0.4074%	10.00%	30,965.00	16.00%	56	0.4074%	10.00%	546,426.24	16.00%
27	0.4074%	10.00%	32,113.77	16.00%	57	0.4074%	10.00%	585,841.48	16.00%
28	0.4074%	10.00%	36,039.66	16.00%	58	0.4074%	10.00%	626,272.51	16.00%
29	0.4074%	10.00%	40,442.11	16.00%	59	0.4074%	10.00%	668,210.22	16.00%
30	0.4074%	10.00%	45,062.53	16.00%	60	0.4074%	10.00%	711,729.74	16.00%

*#50 [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than #37[150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table, Continued

#45	#46	#47	#48	#49	#45	#46	#47	#48	#49
	Monthly	Load		Load		Monthly	Load		Load
	Credited	Below		Above		Credited	Below		Above
Policy	Interest	Annual	Annual	Annual	Policy	Interest	Annual	Annual	Annual
Year	Rate*	Threshold	Threshold	Threshold	Year	Rate*	Threshold	Threshold	Threshold
		Premium	Premium	Premium			Premium	Premium	Premium
61	0.4074%	10.00%	\$756,597.82	16.00%	76	0.4074%	10.00%	\$1,427,530.52	16.00%
62	0.4074%	10.00%	796,914.29	16.00%	77	0.4074%	10.00%	1,481,309.05	16.00%
63	0.4074%	10.00%	839,138.03	16.00%	78	0.4074%	10.00%	1,536,547.09	16.00%
64	0.4074%	10.00%	883,340.45	16.00%	79	0.4074%	10.00%	1,593,212.28	16.00%
65	0.4074%	10.00%	929,563.60	16.00%	80	0.4074%	10.00%	1,651,152.04	16.00%
66	0.4074%	10.00%	977,931.75	16.00%	81	0.4074%	10.00%	1,710,299.99	16.00%
67	0.4074%	10.00%	1,015,550.54	16.00%	82	0.4074%	10.00%	1,770,519.10	16.00%
68	0.4074%	10.00%	1,054,901.66	16.00%	83	0.4074%	10.00%	1,831,678.31	16.00%
69	0.4074%	10.00%	1,095,967.48	16.00%	84	0.4074%	10.00%	1,893,661.19	16.00%
70	0.4074%	10.00%	1,138,760.38	16.00%	85	0.4074%	10.00%	1,956,258.24	16.00%
71	0.4074%	10.00%	1,182,675.09	16.00%	86	0.4074%	10.00%	2,016,733.09	16.00%
72	0.4074%	10.00%	1,228,303.38	16.00%					
73	0.4074%	10.00%	1,275,632.10	16.00%					
74	0.4074%	10.00%	1,324,649.35	16.00%					
75	0.4074%	10.00%	1,375,305.02	16.00%					

* #50[4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than #37[150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

REQUIRED SUMMARY AND DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Receipt of accelerated death benefits may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children and Supplemental Security Income. Prior to applying for accelerated death benefits, policyowners should consult with the appropriate social services agency concerning how receipt will affect the eligibility of the recipient and/or the recipient's spouse or dependents.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Prior to applying for such benefits, policyowners should seek assistance from a qualified tax advisor.

A. Accelerating Condition:

A medically determinable condition that, given reasonable medical treatment, will result in a life expectancy of 24 months or less.

B. Acceleration Options:

The maximum benefit amount is 95% of the available death benefit proceeds up to a maximum of \$1,000,000.00. The minimum payment amount is the lesser of 25% or \$50,000.00 of the available death benefit proceeds payable in a lump sum. The amount payable is 95% of the accelerated benefit less a \$100.00 fee, less the reduction of any Policy Debt.

C. Premium for Accelerated Benefit:

This benefit is included in the life insurance coverage and has been considered in the cost of the insurance.

D. Processing Charge:

There will be a \$100.00 fee that will be deducted from the benefits if the accelerated benefit option is elected.

E. Impact on Policy Values:

Policy Value, Cash Value, Surrender Value, outstanding Policy Debt, Minimum Premium and the policy Death Benefit will be reduced in proportion to the ratio of the accelerated death benefit to the total death benefit. Here is an illustration of the effect of an accelerated benefit payment on Your policy.

SAMPLE ILLUSTRATION OF ACCELERATED BENEFIT PAYMENT

ASSUMPTIONS:

1. Eligible Proceeds	\$2,500,000.00
2. Premium/Current Monthly Deduction	1,463.02
3. Policy Value	400,000.00
4. Outstanding Policy Loan	250,000.00
5. Credited Interest Rate to Policy Values	4.75%
6. Actuarial Equivalency Factor (AEF)	0.95
7. Eligible Proceeds Selected	500,000.00
8. Fee	100.00

POLICY STATUS BEFORE AND AFTER ELECTION:

	Before	After
Eligible Proceeds	\$2,500,000.00	\$2,000,000.00
Premium/Current Monthly Deduction	1,463.02	1,170.42
Accumulation/Cash Value	400,000.00	320,000.00
Outstanding Policy Loan	250,000.00	200,000.00

Advance Payment = Eligible Proceeds selected multiplied by AEF less Loan Reduction Amount less Processing Charge

Advance Payment = \$500,000.00 x 0.95 - (\$250,000.00 - \$200,000.00) - \$100.00

Advance Payment = \$424,900.00

F. Limitations of the Accelerated Benefit:

This accelerated benefit is NOT a long-term care policy or nursing home insurance policy. The amount this benefit pays You may not be enough to cover Your medical, nursing home or other bills. You may use the money You receive from this product for any purpose.

Unlike conventional life insurance proceeds, accelerated benefits payable under this product MAY BE TAXABLE. You should consult a personal tax advisor.

Receipt of accelerated benefits under this product MAY AFFECT MEDICAID AND SUPPLEMENTAL SECURITY INCOME (SSI) eligibility. Without exercising Your option to accelerate benefits, the mere fact that You own an accelerated benefit product will not in and of itself affect Your eligibility for these government programs. However, exercising the option to accelerate benefits and receiving those benefits before You apply for these programs, or while You are receiving government benefits, may affect Your initial or continued eligibility. Contact the Medicaid Unit or Your local Department of Public Welfare and Social Security Administration Office for more information.

I have read and understood this Disclosure Statement for Accelerated Benefits, and acknowledge that a copy of it was given to me prior to the signing of the application for insurance.

Proposed Insured's Signature	Date
Policy Owner's Signature	Date
Agent's Signature	Date

Kemper Investors Life Insurance Company
[7045 College Boulevard, Overland Park, Kansas 66211-1523]
Phone: [1-877-678-7534]

REQUIRED SUMMARY AND DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Receipt of accelerated death benefits may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children and Supplemental Security Income. Prior to applying for accelerated death benefits, policyowners should consult with the appropriate social services agency concerning how receipt will affect the eligibility of the recipient and/or the recipient's spouse or dependents.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Prior to applying for such benefits, policyowners should seek assistance from a qualified tax advisor.

A. Accelerating Condition:

A medically determinable condition that, given reasonable medical treatment, will result in a life expectancy of 24 months or less.

B. Acceleration Options:

The maximum benefit amount is 95% of the available death benefit proceeds up to a maximum of \$1,000,000.00. The minimum payment amount is the lesser of 25% or \$50,000.00 of the available death benefit proceeds payable in a lump sum. The amount payable if You select this option is 97% of the accelerated benefit less a \$100.00 fee, less the reduction of any Policy Debt.

C. Premium for Accelerated Benefit:

This benefit is included in the life insurance coverage and has been considered in the cost of the insurance.

D. Processing Charge:

There will be a \$100.00 fee that will be deducted from the benefits if the accelerated benefit option is elected.

E. Impact on Policy Values:

Policy Value, Cash Value, Surrender Value, outstanding Policy Debt, Minimum Premium and the policy Death Benefit will be reduced in proportion to the ratio of the accelerated death benefit to the total death benefit.. Here is an illustration of the effect of an accelerated benefit payment on Your policy.

SAMPLE ILLUSTRATION OF ACCELERATED BENEFIT PAYMENT

ASSUMPTIONS:

1. Eligible Proceeds	\$2,500,000.00
2. Premium/Current Monthly Deduction	1,463.02
3. Policy Value	400,000.00
4. Outstanding Policy Loan	250,000.00
5. Credited Interest Rate to Policy Values	4.75%
6. Actuarial Equivalency Factor (AEF)	0.95
7. Eligible Proceeds Selected	500,000.00
8. Fee	100.00

POLICY STATUS BEFORE AND AFTER ELECTION:

	Before	After
Eligible Proceeds	\$2,500,000.00	\$2,000,000.00
Premium/Current Monthly Deduction	1,463.02	1,170.42
Policy Value	400,000.00	320,000.00
Outstanding Policy Loan	250,000.00	200,000.00

Advance Payment = Eligible Proceeds selected multiplied by AEF less Loan Reduction Amount less Processing Charge

Advance Payment = \$500,000.00 x 0.95 - (\$250,000.00 - \$200,000.00) - \$100.00

AccBen

WHITE – INSURER CANARY – POLICY OWNER PINK – PROPOSED INSURED

Advance Payment =\$424,900.00

F. Limitations of the Accelerated Benefit:

This accelerated benefit is NOT a long-term care policy or nursing home insurance policy. The amount this benefit pays You may not be enough to cover Your medical, nursing home or other bills. You may use the money You receive from this product for any purpose.

Unlike conventional life insurance proceeds, accelerated benefits payable under this product MAY BE TAXABLE. You should consult a personal tax advisor.

Receipt of accelerated benefits under this product MAY AFFECT MEDICAID AND SUPPLEMENTAL SECURITY INCOME (SSI) eligibility. Without exercising Your option to accelerate benefits, the mere fact that You own an accelerated benefit product will not in and of itself affect Your eligibility for these government programs. However, exercising the option to accelerate benefits and receiving those benefits before You apply for these programs, or while You are receiving government benefits, may affect Your initial or continued eligibility. Contact the Medicaid Unit or Your local Department of Public Welfare and Social Security Administration Office for more information.

I have read and understood this Disclosure Statement for Accelerated Benefits, and acknowledge that a copy of it was given to me prior to the signing of the application for insurance.

Proposed Insured's Signature

Date

Policy Owner's Signature

Date

Agent's Signature

Date

Kemper Investors Life Insurance Company
[7045 College Boulevard, Overland Park, Kansas 66211-1523]
Phone: [1-877-678-7534]

REQUIRED SUMMARY AND DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Receipt of accelerated death benefits may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children and Supplemental Security Income. Prior to applying for accelerated death benefits, policyowners should consult with the appropriate social services agency concerning how receipt will affect the eligibility of the recipient and/or the recipient's spouse or dependents.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Prior to applying for such benefits, policyowners should seek assistance from a qualified tax advisor.

A. Accelerating Condition:

A medically determinable condition that, given reasonable medical treatment, will result in a life expectancy of 24 months or less.

B. Acceleration Options:

The maximum benefit amount is 95% of the available death benefit proceeds up to a maximum of \$1,000,000.00. The minimum payment amount is the lesser of 25% or \$50,000.00 of the available death benefit proceeds payable in a lump sum.

The amount payable if You select this option is 95% of the accelerated benefit less a \$100.00 fee, less the reduction of any Policy Debt.

The minimum amount that can be accelerated is the lesser of 25% or \$50,000 of the death benefit.

C. Premium for Accelerated Benefit:

This benefit is included in the life insurance coverage and has been considered in the cost of the insurance.

D. Processing Charge:

There will be a \$100.00 fee that will be deducted from the benefits if the accelerated benefit option is elected.

E. Impact on Policy Values:

Policy Value, Cash Value, Surrender Value, outstanding Policy Debt, Minimum Premium and the policy Death Benefit will be reduced in proportion to the ratio of the accelerated death benefit to the total death benefit. Here is an illustration of the effect of an accelerated benefit payment on Your policy.

SAMPLE ILLUSTRATION OF ACCELERATED BENEFIT PAYMENT

ASSUMPTIONS:

1. Eligible Proceeds	\$2,500,000.00
2. Premium/Current Monthly Deduction	1,463.02
3. Policy Value	400,000.00
4. Outstanding Policy Loan	[250,000.00
5. Credited Interest Rate to Policy Values	4.75]%
6. Actuarial Equivalency Factor (AEF)	0.95
7. Eligible Proceeds Selected	500,000.00
8. Fee	100.00

POLICY STATUS BEFORE AND AFTER ELECTION:

	Before	After
Eligible Proceeds	\$2,500,000.00	\$2,000,000.00
Premium/Current Monthly Deduction	1,463.02	1,170.42
Policy Value	400,000.00	320,000.00
Outstanding Policy Loan	250,000.00	200,000.00

Advance Payment = Eligible Proceeds selected multiplied by AEF less Loan Reduction Amount less Processing Charge
Advance Payment =\$500,000.00 x 0.95 - (\$250,000.00 - \$200,000.00) - \$100.00
Advance Payment =\$424,900.00

F. Limitations of the Accelerated Benefit:

This accelerated benefit is NOT a long-term care policy or nursing home insurance policy. The amount this benefit pays You may not be enough to cover Your medical, nursing home or other bills. You may use the money You receive from this product for any purpose.

Unlike conventional life insurance proceeds, accelerated benefits payable under this product MAY BE TAXABLE. You should consult a personal tax advisor.

Receipt of accelerated benefits under this product MAY AFFECT MEDICAID AND SUPPLEMENTAL SECURITY INCOME (SSI) eligibility. Without exercising Your option to accelerate benefits, the mere fact that You own an accelerated benefit product will not in and of itself affect Your eligibility for these government programs. However, exercising the option to accelerate benefits and receiving those benefits before You apply for these programs, or while You are receiving government benefits, may affect Your initial or continued eligibility. Contact the Medicaid Unit or Your local Department of Public Welfare and Social Security Administration Office for more information.

I have read and understood this Disclosure Statement for Accelerated Benefits, and acknowledge that a copy of it was given to me prior to the signing of the application for insurance.

Proposed Insured's Signature

Date

Policy Owner's Signature

Date

Agent's Signature

Date

Arkansas Compliance Certification

Company: Kemper Investors Life Insurance Company

Forms:	UL121-01	Flexible Premium Adjustable Life Insurance Policy
	ZM-10300GK (07/10)	Part I of Application for Life Insurance
	ZM-10000GK (07/10)	Part II of Application for Individual Life Insurance
	UL121RPE-01	Replacement Endorsement
	UL121DK	Right to Examine and Cancel Policy
	UL121AVE-01	Aviation Risks Exclusion Endorsement
	RLP121-01	Lapse Protection Benefit Rider
	RME121-01	Maturity Extension Rider
	RAccBen-01	Accelerated Benefit Rider for Terminal Illness
	ZM-10070FK (6/10)	Foreign Travel Questionnaire
	ZM-10050GK (07/10)	Alcohol and Drug Use Questionnaire
	ZM-10060GK (07/10)	Aviation Questionnaire
	ZM-10040FK (06/10)	Avocation Questionnaire
	A1-18997-A 07/10	Financial Questionnaire

On behalf of Kemper Investors Life Insurance Company (Company) I certify the following requirements have been reviewed and the forms and Company practices are in compliance with the following.

1. Ark. Code Ann. 23-79-138 Information to accompany policies

An information notice including; (1) the complete address and telephone number of the policyholder's service office of the company, (2) the name, address, and telephone number of the agent soliciting the policy, if applicable, and (3) the address and telephone number of the Arkansas State Insurance Department is provided to the policy owner.

2. Regulation 49 Life and Disability Guaranty Fund Notices

The Company provides a Life and Health Guaranty Notice to each policy owner.

3. Regulation 19 Unfair Sex Discrimination in the Sale of Insurance

The Company certifies it meets the provisions of this rule as well as all applicable requirements of the Department.



Signature

August 4, 2010

Date

Jeff Kulesus, Compliance Consultant

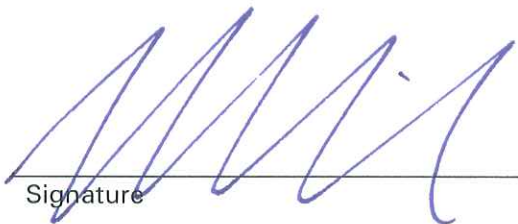
Name/Title

Arkansas Compliance Certification

Company: Kemper Investors Life Insurance Company

Forms:	UL121-01	Flexible Premium Adjustable Life Insurance Policy
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	ZM-10040FK (06/10)	Avocation Questionnaire
	A1-18997-A 07/10	Financial Questionnaire

On behalf of Kemper Investors Life Insurance Company I have reviewed the guidelines set forth in Regulation 34 and Bulletin 11-83 and certify that the above forms comply with the guidelines.



Signature

August 18, 2010

Date

Michael Smiley, Assistant Secretary

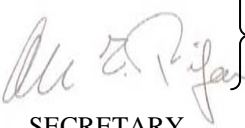
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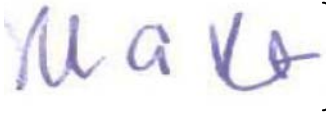
KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Toll Free Telephone Number [(877) 678 -7534]


SECRETARY


PRESIDENT

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

The benefits, Policy Value, period of coverage and premiums for this policy are on an indeterminate basis. The initial interest rate is guaranteed only for a limited period of time.

PLEASE READ THIS POLICY AND REVIEW THE APPLICATION CAREFULLY. This policy is a legal contract between You and Kemper Investors Life Insurance Company. We are issuing this policy based on payment of the Initial Premium and the answers in the application (see attached copy). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify Us within ten (10) days from the date this policy is delivered to You.

This is a flexible premium universal life insurance policy with an adjustable death benefit. We insure the person named as the Insured on the Schedule Page in accordance with the provisions of this policy. We will pay the Death Benefit as described in the Death Benefit provision and in accordance with the Beneficiary provision when We receive due proof of death of the Insured while this policy is in force, subject to the terms of this policy.

RIGHT TO EXAMINE AND CANCEL POLICY.

20-DAY RIGHT TO EXAMINE THIS POLICY. You may cancel this policy by delivering or mailing a Written Notice to Kemper Investors Life Insurance Company, [Schaumburg, Illinois 60196-6801] or sending an e-mail to [life.customercare@zurichna.com], or to the agent or agency from whom You purchased the policy and by returning the policy before midnight of the 20th day after you received the policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments, fees and charges, less partial withdrawals made for this policy within 20 days after it receives notice of cancellation and the returned policy.

If returned, the policy or contract will be considered void from the beginning.

Adjustable Death Benefit
Insurance Amount Payable at Death of Insured Prior to Maturity
Flexible Premiums Payable During Lifetime of the Insured
Nonparticipating/No Dividends

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ENDORSEMENTS

To be made only by Us at Our Home Office.

SCHEDULE PAGE

Policy Number: [1234567890]

Insured: [John Doe]

Issue Age and Gender: [35, Male]

Owner: [John Doe]

Policy Date: [April 1, 2010]
Issue Date: [April 1, 2010]
Maturity Date: [April 1, 2096]

Initial Specified Amount (Excluding Riders): \$[2,500,000]
Minimum Specified Amount: \$ [250,000.00]

Premium Class: [Standard Nontobacco]
[Table Extra: [50.0]% extra cost of insurance [(Table 2)]]
[Flat Extra Charge: \$[15.00] per \$1,000 of amount at risk for [3] years]
Basis of Values: 2001 CSO [Male Nonsmoker] Mortality Table,
Age Nearest Birthday

Guaranteed Minimum Credited Interest Rate: 2.0% Per Year (Equivalent to 0.16516% Per Month)

Planned Periodic Premium: \$[15,482.50]
Premium Frequency: [Annually]
Initial Premium: \$[15,482.50]
Minimum Premium: \$[14,190.70] Per Year for the First 3 Policy Years
Lapse Protection Premium (Account Value A): \$[15,482.50]
Maximum Lapse Protection Period: To Insured Attained Age 121
Guaranteed Premium for Selected
Lapse Protection Benefit Period: \$[15,482.50] for [65] years
Initial Selected Lapse Protection Benefit Period: To Insured Attained Age [100]

Plan: Flexible Premium Adjustable Life
Death Benefit Option: [A]

Issue State: [Pennsylvania]

Department of Insurance Telephone Number: [123-456-7890]

The policy may not mature even if Planned Periodic Premiums are paid because the current cost of insurance and interest rates are not guaranteed, policy loans and partial withdrawals may be taken, and there may be changes to the Specified Amount.

At some future time, the Policy Value may not cover the next Monthly Deductions. When that occurs, the policy may enter the Grace Period and will terminate at the end of that period if sufficient premium to cover the Monthly Deductions is not paid before the end of the Grace Period.

Costs of insurance, expense charges, and other charges for riders and endorsements, if any, are shown on the rider schedule page(s).

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Table of Monthly Guaranteed Cost of Insurance Rates Per \$1,000 of Amount At Risk

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.091	65	31	1.289	95	61	22.266
36	2	0.096	66	32	1.418	96	62	23.649
37	3	0.100	67	33	1.548	97	63	25.124
38	4	0.108	68	34	1.688	98	64	26.698
39	5	0.114	69	35	1.833	99	65	28.378
40	6	0.122	70	36	2.008	100	66	30.175
41	7	0.132	71	37	2.205	101	67	31.601
42	8	0.144	72	38	2.463	102	68	33.120
43	9	0.158	73	39	2.736	103	69	34.737
44	10	0.175	74	40	3.023	104	70	36.457
45	11	0.194	75	41	3.336	105	71	38.261
46	12	0.213	76	42	3.678	106	72	40.179
47	13	0.233	77	43	4.074	107	73	42.218
48	14	0.244	78	44	4.538	108	74	44.386
49	15	0.258	79	45	5.073	109	75	46.688
50	16	0.277	80	46	5.656	110	76	49.133
51	17	0.299	81	47	6.320	111	77	51.728
52	18	0.330	82	48	7.012	112	78	54.483
53	19	0.363	83	49	7.758	113	79	57.409
54	20	0.406	84	50	8.583	114	80	60.513
55	21	0.458	85	51	9.506	115	81	63.806
56	22	0.512	86	52	10.528	116	82	67.299
57	23	0.569	87	53	11.645	117	83	71.004
58	24	0.618	88	54	12.842	118	84	74.935
59	25	0.675	89	55	14.104	119	85	79.102
60	26	0.743	90	56	15.422	120	86	83.333
61	27	0.827	91	57	16.661			
62	28	0.928	92	58	17.953			
63	29	1.043	93	59	19.315			
64	30	1.163	94	60	20.754			

The monthly guaranteed cost of insurance rates shown above are based on the 2001 Commissioner's Standard Ordinary Smoker/Non smoker Mortality Table, Age Nearest Birthday and the Insured's gender and premium class at issue. Actual monthly cost of insurance rates will be determined by Us based on Our expectations as to future experience. However, these actual costs of insurance rate will not be greater than those shown above.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Expense Charges

Guaranteed Maximum Monthly Expense Charges:	\$7.50 Per Policy
Percentage of Premium Expense Charges (Guaranteed Maximum):	7.5% on All Premium Received in All Policy Years
Guaranteed Monthly Policy Load Per \$1,000 Specified Amount:	[\$1.00] All Policy Years

**TABLE OF SURRENDER CHARGES FOR
POLICY SURRENDER**

Year	Charge
1	\$ 46,925.00
2	44,875.00
3	42,775.00
4	40,650.00
5	38,475.00
6	36,250.00
7	34,000.00
8	31,700.00
9	29,350.00
10	26,950.00
11	24,500.00
12	22,000.00
13	19,450.00
14	16,850.00
15	14,200.00
16	11,500.00
17	8,700.00
18	5,875.00
19	2,975.00
20	\$ 0.00
And Thereafter	

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Death Benefit As A Percentage of Policy Value Table

Attained Age	Percentage	Attained Age	Percentage
0-40	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94-100	101
59	134	101+	100
60	130		

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Minimum Increase in Specified Amount:	\$[50,000.00]
Minimum Decrease in Specified Amount:	\$[25,000.00]
Minimum Planned Periodic Premium:	\$[200.00]
Minimum Partial Withdrawal Amount:	\$[2,000.00]
Minimum Premium Payable For:	[3] Years
Maximum Partial Withdrawal Fee:	\$[50.00]
Maximum Attained Age for an Increase or Reinstatement:	[80]
Maximum Loan Interest Rate:	6.0% (Annual Effective Rate in Arrears)
Minimum Loan Amount:	\$[2,000.00]
Threshold Percentage for Calculation of Lapse Protection Account B Credited Interest:	[150.0]%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A

Lapse Protection Account Value A Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value A Cost of Insurance Rates are only used to determine the balance of Account Value A and have no bearing on the Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table

The Lapse Protection Account Value A premium loads are used to determine the monthly value of Lapse Protection Account A. There are two premium loads. The first Lapse Protection Account Value A premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value A premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	10.00%	31	0.4868%	10.00%	\$49,931.88	10.00%
2	0.4074%	10.00%	30,965.00	10.00%	32	0.4868%	10.00%	54,857.21	10.00%
3	0.4074%	10.00%	30,965.00	10.00%	33	0.5654%	10.00%	59,838.22	10.00%
4	0.4074%	10.00%	30,965.00	10.00%	34	0.5654%	10.00%	65,193.06	10.00%
5	0.4074%	10.00%	30,965.00	10.00%	35	0.6434%	10.00%	70,728.96	10.00%
6	0.4074%	10.00%	30,965.00	10.00%	36	0.6434%	10.00%	77,428.19	10.00%
7	0.4074%	10.00%	30,965.00	10.00%	37	0.7207%	10.00%	84,903.22	10.00%
8	0.4074%	10.00%	30,965.00	10.00%	38	0.7207%	10.00%	94,693.40	10.00%
9	0.4074%	10.00%	30,965.00	10.00%	39	0.7207%	10.00%	104,985.26	10.00%
10	0.4074%	10.00%	30,965.00	10.00%	40	0.7207%	10.00%	115,773.27	10.00%
11	0.4074%	10.00%	30,965.00	10.00%	41	0.7207%	10.00%	127,519.43	10.00%
12	0.4074%	10.00%	30,965.00	10.00%	42	0.7974%	10.00%	140,273.90	10.00%
13	0.4074%	10.00%	30,965.00	10.00%	43	0.7974%	10.00%	155,011.45	10.00%
14	0.4074%	10.00%	30,965.00	10.00%	44	0.7974%	10.00%	172,131.08	10.00%
15	0.4074%	10.00%	30,965.00	10.00%	45	0.7974%	10.00%	191,772.37	10.00%
16	0.4074%	10.00%	30,965.00	10.00%	46	0.8735%	10.00%	213,034.99	10.00%
17	0.4074%	10.00%	30,965.00	10.00%	47	0.8735%	10.00%	237,051.09	10.00%
18	0.4074%	10.00%	30,965.00	10.00%	48	0.8735%	10.00%	261,845.19	10.00%
19	0.4074%	10.00%	30,965.00	10.00%	49	0.8735%	10.00%	288,336.07	10.00%
20	0.4074%	10.00%	30,965.00	10.00%	50	0.8735%	10.00%	317,374.84	10.00%
21	0.4074%	10.00%	30,965.00	10.00%	51	0.9489%	10.00%	349,452.17	10.00%
22	0.4074%	10.00%	30,965.00	10.00%	52	0.9489%	10.00%	384,567.72	10.00%
23	0.4074%	10.00%	30,965.00	10.00%	53	0.9489%	10.00%	422,397.46	10.00%
24	0.4074%	10.00%	30,965.00	10.00%	54	0.9489%	10.00%	462,344.02	10.00%
25	0.4074%	10.00%	30,965.00	10.00%	55	0.9489%	10.00%	503,833.50	10.00%
26	0.4074%	10.00%	30,965.00	10.00%	56	1.0237%	10.00%	546,426.24	10.00%
27	0.4074%	10.00%	32,113.77	10.00%	57	1.0237%	10.00%	585,841.48	10.00%
28	0.4074%	10.00%	36,039.66	10.00%	58	1.0237%	10.00%	626,272.51	10.00%
29	0.4074%	10.00%	40,442.11	10.00%	59	1.0237%	10.00%	668,210.22	10.00%
30	0.4074%	10.00%	45,062.53	10.00%	60	1.0237%	10.00%	711,729.74	10.00%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium
61	1.0237%	10.00%	\$756,597.82	10.00%	76	1.0237%	10.00%	\$1,427,530.52	10.00%
62	1.0237%	10.00%	796,914.29	10.00%	77	1.0237%	10.00%	1,481,309.05	10.00%
63	1.0237%	10.00%	839,138.03	10.00%	78	1.0237%	10.00%	1,536,547.09	10.00%
64	1.0237%	10.00%	883,340.45	10.00%	79	1.0237%	10.00%	1,593,212.28	10.00%
65	1.0237%	10.00%	929,563.60	10.00%	80	1.0237%	10.00%	1,651,152.04	10.00%
66	1.0237%	10.00%	977,931.75	10.00%	81	1.0237%	10.00%	1,710,299.99	10.00%
67	1.0237%	10.00%	1,015,550.54	10.00%	82	1.0237%	10.00%	1,770,519.10	10.00%
68	1.0237%	10.00%	1,054,901.66	10.00%	83	1.0237%	10.00%	1,831,678.31	10.00%
69	1.0237%	10.00%	1,095,967.48	10.00%	84	1.0237%	10.00%	1,893,661.19	10.00%
70	1.0237%	10.00%	1,138,760.38	10.00%	85	1.0237%	10.00%	1,956,258.24	10.00%
71	1.0237%	10.00%	1,182,675.09	10.00%	86	1.0237%	10.00%	2,016,733.09	10.00%
72	1.0237%	10.00%	1,228,303.38	10.00%					
73	1.0237%	10.00%	1,275,632.10	10.00%					
74	1.0237%	10.00%	1,324,649.35	10.00%					
75	1.0237%	10.00%	1,375,305.02	10.00%					

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B

Lapse Protection Account Value B Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value B Cost of Insurance Rates are only used to determine the balance of Account Value B and have no bearing on Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table

The Lapse Protection Account Value B premium loads are used to determine the monthly value of Lapse Protection Account B. There are two premium loads. The first Lapse Protection Account Value B premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value B premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	15.25%	31	0.4074%	10.00%	\$49,931.88	16.00%
2	0.4074%	10.00%	30,965.00	10.75%	32	0.4074%	10.00%	54,857.21	16.00%
3	0.4074%	10.00%	30,965.00	10.75%	33	0.4074%	10.00%	59,838.22	16.00%
4	0.4074%	10.00%	30,965.00	10.75%	34	0.4074%	10.00%	65,193.06	16.00%
5	0.4074%	10.00%	30,965.00	10.75%	35	0.4074%	10.00%	70,728.96	16.00%
6	0.4074%	10.00%	30,965.00	16.00%	36	0.4074%	10.00%	77,428.19	16.00%
7	0.4074%	10.00%	30,965.00	16.00%	37	0.4074%	10.00%	84,903.22	16.00%
8	0.4074%	10.00%	30,965.00	16.00%	38	0.4074%	10.00%	94,693.40	16.00%
9	0.4074%	10.00%	30,965.00	16.00%	39	0.4074%	10.00%	104,985.26	16.00%
10	0.4074%	10.00%	30,965.00	16.00%	40	0.4074%	10.00%	115,773.27	16.00%
11	0.4074%	10.00%	30,965.00	16.00%	41	0.4074%	10.00%	127,519.43	16.00%
12	0.4074%	10.00%	30,965.00	16.00%	42	0.4074%	10.00%	140,273.90	16.00%
13	0.4074%	10.00%	30,965.00	16.00%	43	0.4074%	10.00%	155,011.45	16.00%
14	0.4074%	10.00%	30,965.00	16.00%	44	0.4074%	10.00%	172,131.08	16.00%
15	0.4074%	10.00%	30,965.00	16.00%	45	0.4074%	10.00%	191,772.37	16.00%
16	0.4074%	10.00%	30,965.00	16.00%	46	0.4074%	10.00%	213,034.99	16.00%
17	0.4074%	10.00%	30,965.00	16.00%	47	0.4074%	10.00%	237,051.09	16.00%
18	0.4074%	10.00%	30,965.00	16.00%	48	0.4074%	10.00%	261,845.19	16.00%
19	0.4074%	10.00%	30,965.00	16.00%	49	0.4074%	10.00%	288,336.07	16.00%
20	0.4074%	10.00%	30,965.00	16.00%	50	0.4074%	10.00%	317,374.84	16.00%
21	0.4074%	10.00%	30,965.00	16.00%	51	0.4074%	10.00%	349,452.17	16.00%
22	0.4074%	10.00%	30,965.00	16.00%	52	0.4074%	10.00%	384,567.72	16.00%
23	0.4074%	10.00%	30,965.00	16.00%	53	0.4074%	10.00%	422,397.46	16.00%
24	0.4074%	10.00%	30,965.00	16.00%	54	0.4074%	10.00%	462,344.02	16.00%
25	0.4074%	10.00%	30,965.00	16.00%	55	0.4074%	10.00%	503,833.50	16.00%
26	0.4074%	10.00%	30,965.00	16.00%	56	0.4074%	10.00%	546,426.24	16.00%
27	0.4074%	10.00%	32,113.77	16.00%	57	0.4074%	10.00%	585,841.48	16.00%
28	0.4074%	10.00%	36,039.66	16.00%	58	0.4074%	10.00%	626,272.51	16.00%
29	0.4074%	10.00%	40,442.11	16.00%	59	0.4074%	10.00%	668,210.22	16.00%
30	0.4074%	10.00%	45,062.53	16.00%	60	0.4074%	10.00%	711,729.74	16.00%

* [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than [150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
61	0.4074%	10.00%	\$756,597.82	16.00%	76	0.4074%	10.00%	\$1,427,530.52	16.00%
62	0.4074%	10.00%	796,914.29	16.00%	77	0.4074%	10.00%	1,481,309.05	16.00%
63	0.4074%	10.00%	839,138.03	16.00%	78	0.4074%	10.00%	1,536,547.09	16.00%
64	0.4074%	10.00%	883,340.45	16.00%	79	0.4074%	10.00%	1,593,212.28	16.00%
65	0.4074%	10.00%	929,563.60	16.00%	80	0.4074%	10.00%	1,651,152.04	16.00%
66	0.4074%	10.00%	977,931.75	16.00%	81	0.4074%	10.00%	1,710,299.99	16.00%
67	0.4074%	10.00%	1,015,550.54	16.00%	82	0.4074%	10.00%	1,770,519.10	16.00%
68	0.4074%	10.00%	1,054,901.66	16.00%	83	0.4074%	10.00%	1,831,678.31	16.00%
69	0.4074%	10.00%	1,095,967.48	16.00%	84	0.4074%	10.00%	1,893,661.19	16.00%
70	0.4074%	10.00%	1,138,760.38	16.00%	85	0.4074%	10.00%	1,956,258.24	16.00%
71	0.4074%	10.00%	1,182,675.09	16.00%	86	0.4074%	10.00%	2,016,733.09	16.00%
72	0.4074%	10.00%	1,228,303.38	16.00%					
73	0.4074%	10.00%	1,275,632.10	16.00%					
74	0.4074%	10.00%	1,324,649.35	16.00%					
75	0.4074%	10.00%	1,375,305.02	16.00%					

* [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than [150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

DEFINITIONS

Defined terms are capitalized throughout this policy.

ATTAINED AGE. Means the Issue Age plus the number of completed policy years. With respect to any increase in the Specified Amount, Attained Age means the Issue Age for the increase plus the number of completed policy years.

CASH VALUE. Means the Policy Value less the Surrender Charge as described on the Schedule Page.

DATE OF ISSUE. Means the date on which the suicide and incontestability periods begin. If We have received the Initial Premium from You, the Date of Issue will also be the date when You have life insurance coverage with Us. If We have not received the Initial Premium from You, You WILL NOT have coverage until the date on which We receive the Initial Premium from You.

HOME AREA. Means anywhere within the 50 states of the United States and its territories, the District of Columbia and Canada.

INITIAL PREMIUM. Means the first premium paid under this policy and as described on the Schedule Page.

INSURED. Means the person shown on the Schedule Page upon whose life this policy is issued.

ISSUE AGE. Means the Insured's age as of the nearest birthday on the Policy Date. With respect to any increase in the Specified Amount, Issue Age means the Insured's age as of the nearest birthday to the date of the increase.

MATURITY DATE. Means the date on which this policy will mature as shown on the Schedule Page.

MINIMUM PREMIUM. Means a premium used to define a required level of premium payments during the first three policy years.

MONTHLY DATE. Means the same day of each month as the Policy Date.

MONTHLY DEDUCTIONS. Means charges made against the Policy Value on each Monthly Date for the coverage provided by this policy and any attached riders.

OWNER. The natural person or entity who has the rights of ownership of this policy.

PLANNED PERIODIC PREMIUM. Means a level premium You intend to pay at a fixed interval. The Planned Periodic Premium is shown on the Schedule Page.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The Policy Date will be determined by Us unless You request a different Policy Date that We approve. If the Date of Issue is after the Policy Date or We have not received the Initial Premium from You, You WILL NOT have life insurance coverage on the Policy Date. The insurance age of the Insured is Issue Age on the Policy Date.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans. If the Policy Debt equals or exceeds the Cash Value, this policy will terminate and have no value subject to the terms of the Grace Period, Premiums and Reinstatement provisions.

POLICY VALUE. On the Date of Issue, is equal to the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any monthly anniversary will be calculated as described in the Policy Values section of this policy.

SPECIFIED AMOUNT. Means a dollar amount used to determine the death benefit of Your policy. It is shown on the Schedule Page. You may increase or decrease it as described in Your policy.

SURRENDER. Means termination of this policy at Your request for its Surrender Value while the Insured is alive.

SURRENDER CHARGE. Means the charge subtracted from the Policy Value on the Surrender of this policy and as shown on the Schedule Page.

SURRENDER VALUE. Means the Policy Value, minus Surrender Charges, minus any Policy Debt. If the full Surrender Value is withdrawn, this policy will terminate. This termination is known as Surrender.

WE, US, OUR. Means Kemper Investors Life Insurance Company.

WRITTEN NOTICE, Means information We have received at the address(es) shown on the first page of this policy which is written, is signed by You, and is acceptable to Us.

YOU, YOUR. Means the owner as shown on the Schedule Page unless change. The Insured may or may not be the Owner.

OWNERSHIP

The Insured is the Owner unless otherwise stated in the application or later changed. If the Owner dies before the Insured, the successor Owner named in the application is the new Owner. If there is no successor Owner, then the Owner's estate becomes the new Owner. The Owner, or successor or transferee has all rights in this policy. All policy rights will be subject to any assignment and to the rights of any irrevocable Beneficiary. These rights may be exercised only during the lifetime of the Insured.

Subject to any legal or contractual restrictions, Ownership of this policy may be transferred at any time by Written Notice to Us. The transfer will then be effective as of the date it was signed, but it will not apply to any payments We make before the request is received and recorded by Us. Our approval is necessary if the new Owner elects a decrease in the Specified Amount or seeks division of the policy in conjunction with a change of Owner.

BENEFICIARY

The Beneficiary will receive the death benefit proceeds when the Insured dies while this policy is in effect. The primary and any contingent Beneficiaries are named in the application or subsequent Beneficiary forms accepted by Us. If no primary Beneficiary is living when the Insured dies, We will make payment to the contingent Beneficiary. If no contingent Beneficiary is living when the Insured dies, We will pay You or Your estate.

Unless the Beneficiary designation provides otherwise, We will follow these rules:

- (1) We will pay equal shares when more than one Beneficiary of the same class is to share the funds.
- (2) No revocable Beneficiary has rights in this policy until the Insured dies.
- (3) An irrevocable Beneficiary cannot be changed without his or her consent.
- (4) The interest of any Beneficiary is subject to the rights of any assignee shown on Our records.

You may change the Beneficiary at any time while the Insured is living by sending Written Notice during the lifetime of the Insured. Unless otherwise specified by You, a change of Beneficiary will be effective on the date the Written Notice is signed by You. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. No change is effective until after We have approved it. If approved, it will take effect on the date the Written Notice was signed by You. We will not be liable for any payments We make or action We take before the change is received.

Unless otherwise provided, if any Beneficiary dies within five days after the Insured dies as the result of a common disaster, We will pay the death benefit as if that Beneficiary died first.

A transfer of ownership of itself will not change the interest of any Beneficiary.

DEATH BENEFIT

We will pay the death benefit proceeds if the Insured dies while this policy is in force, subject to the terms and conditions of this policy. The death benefit is based upon the Death Benefit Option as shown on the Schedule Page.

1. Option A. The Policy Value (as defined in the Policy Value provision) is included in the Specified Amount. If death occurs prior to the Policy Date following the Insured's Attained Age 121, the Death Benefit will be the greater of:
 - (a) the Specified Amount on the date of death; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit As A Percentage of Policy Value Table on the Schedule Page.
2. Option C. The death benefit will be the greater of:
 - (a) the Specified Amount on the date of death, plus the total of all the premiums paid into this policy as of the date of death, less the amount of all Partial Withdrawals taken since the Date of Issue; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit as a Percentage of Policy Value Table on the Schedule Page.

Under Option A or Option C, the death benefit will be reduced by outstanding Policy Debt, if any.

Payment of death benefit proceeds will be made after We receive due proof of death.

Payment of the death benefit proceeds is subject to the interest of any assignee. Death benefit proceeds paid to satisfy any assignee will be paid in one sum. If no Beneficiary survives, We will pay the death benefit proceeds in one sum to You, if You are living; otherwise to Your estate. You may choose another method of payment with Our consent.

MINIMUM SPECIFIED AMOUNT. The minimum Specified Amount permitted under this policy is shown on the Schedule Page.

CHANGE IN SPECIFIED AMOUNT. At any time after the first year, upon Written Notice by the Owner, the Specified Amount may be changed, subject to the following:

Specified Amount Decrease.

- (1) The minimum decrease amount is \$25,000.
- (2) Any decreases will be effective on the Monthly Date on or next following the receipt of the request by Us. A decrease will be applied in the following order:
 - a. first against any increase in the Specified Amount beginning with the most recent increase, and then,
 - b. against the initial Specified Amount.
- (3) The Specified Amount remaining in force after any requested decrease may not be less than the minimum Specified Amount shown on the Schedule Page.
- (4) A decrease in the Specified Amount will decrease any future Minimum Premiums and result in a Surrender Charge equal to a percentage of a full Surrender Charge. This percentage will equal the proportion that the Specified Amount Decrease bears to the highest previous Specified Amount before the decrease.

Specified Amount Increase.

- (1) The minimum increase amount is \$50,000.
- (2) A supplemental application must be submitted to Us.
- (3) Any increases will be subject to evidence of insurability satisfactory to Us.
- (4) The effective date of any increase will be the date shown on a supplemental Schedule Page.
- (5) An increase in the Specified Amount will increase future Minimum Premiums and Surrender Charges. Surrender Charges on the increased amount will be calculated based upon the Attained Age at the time of increase and added to those shown on the Schedule Page. Increases in the Insured's Cost of Insurance Charges will be based on the Insured's gender, premium class, Specified Amount and age at the time of the increase.

We will send a new Schedule Page to You at Your last known address documenting any changes in the Specified Amount.

EXCLUSIONS

Unless at the time of application the Insured discloses that he or she is an active or inactive member of the military, military reserves, or the National Guard, We will exclude death benefits under this policy if the Insured's death is the result of:

- (1) War or act of war, if the cause of death occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces or within six months after termination of services in such forces.
- (2) War or an act of war while the Insured is serving in any civilian non-combatant unit serving within the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
- (3) War or an act of war, within two years from the date of issue of the policy, while the Insured is not serving in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the Insured is outside the Home Area, provided such death occurs outside the home area or within six months after the Insured's return to the Home Area.

If an exclusion applies, We will pay policy proceeds to the Beneficiary in an amount not less than a reserve determined according to the Commissioner's reserve valuation method upon the basis of the mortality table and interest rate specified in the policy for the calculation of nonforfeiture benefits, or if the policy provides for no such benefits, computed according to a mortality table and interest rate determined by Us and specified in the policy, with adjustment for Policy Debt.

PREMIUMS

PAYMENT OF PREMIUM. The Initial Premium is the amount paid on or before delivery of this policy and is paid before the Date of Issue. The Planned Periodic Premium is shown on the Schedule Page. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. If the amount of premium received by Us is not sufficient to keep the policy in force, the policy will terminate according to the provisions of the policy.

The premium frequency is shown on the Schedule Page and only serves as an indication of Your preference as to probable future frequency of payment. You may change the frequency of Planned Periodic Premium payments at any time. You also may make additional and unscheduled payments at any time before the Maturity Date subject to Our right to limit the amount and frequency of premium payments. We reserve the right to require evidence of insurability if You make additional and unscheduled payments at any time before the Maturity Date which result in an increase in Our amount at risk. Each premium payment will be credited by Us as described in the Policy Value provision.

At all points during the first three policy years, You are required to have paid cumulative premiums at least equal to the number of months started since the Policy Date multiplied by the Minimum Premium shown on the Schedule Page, divided by 12. If You fail to satisfy this requirement within 31 days of Our notification to You, the policy will terminate and any Surrender Value will be paid to You.

We will not accept any premium if it causes the policy to fail the Guideline Premium Requirements for a life insurance policy as defined in Section 7702 of the Internal Revenue Code on the Date of Issue. If a premium in excess of the Guideline Premium limitation is received, We will refund the excess amount to the Owner unless the Owner has given other instructions to Us in writing which We have accepted and acknowledged. However, premium will not be refunded if it is necessary to keep the policy in force.

Premium payments may be made to the administrative office shown on the first page of this policy or to such other place as We may designate. A receipt signed by Our President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the Policy Value is no longer sufficient to cover the Monthly Deductions. We reserve the right to limit the premiums payable under this policy. Such premium limitation will apply to all policy owners in a nondiscriminatory manner. Premium payments must be clearly marked as "Premium Payment," otherwise they will first be applied as loan repayments if there is any outstanding Policy Debt.

GRACE PERIOD. If, on any Monthly Date, the Policy Value is less than zero, You will have a 61-day Grace Period to make a premium payment to continue this policy. The premium required to continue this policy is no more than that which results in a Policy Value on the date the Grace Period begins. That amount equals the current Monthly Deductions plus the next two Monthly Deductions.

We will send a written notification 31 days before the end of the Grace Period to the Owner's last known address and any assignee of record according to Our records. Insurance coverage under this policy and any benefits provided by any rider(s) will continue through the Grace Period. If the Insured dies during the Grace Period, any past due Monthly Deductions plus interest at the policy loan rate will be deducted from the death benefit proceeds. The policy will continue in force during the Grace Period. However, if sufficient premium has not been paid during the Grace Period to continue the policy, it will terminate as of the beginning of the Grace Period. This termination is known as a lapse. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. The Grace Period cannot be preempted by policy termination due to excessive loans.

REINSTATEMENT. This policy may be reinstated within five years after it has lapsed while the Insured is alive and if the policy was not Surrendered for its Surrender Value.

The following requirements are necessary for Reinstatement:

- (1) the Insured provides Us with evidence of insurability satisfactory to Us;
- (2) the Attained Age of the Insured on the date of reinstatement does not exceed the Maximum Attained Age to Reinsure as shown on the Schedule Page;
- (3) payment of all past due Monthly Deductions has been received by Us up until the start of the Grace Period;
- (4) payment of a premium has been received by Us sufficient to keep the policy in force for at least three additional months; and
- (5) repayment or reinstatement of any Policy Debt, including any unpaid interest as provided in the Loan Interest provision.

The Surrender Charges and the Policy Value (including any interest that would have been credited), will be reinstated as if no lapse in coverage had occurred.

The effective date of a reinstated policy will be the day We approve the reinstatement application.

Upon reinstatement, the Incontestability provision will apply from the effective date of reinstatement. If the policy has been in force for two years, it will be contestable only as to statements made in the reinstatement application, and only for a period of two years after the effective date of reinstatement.

POLICY VALUE

The Policy Value on the Date of Issue will be the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any subsequent Monthly Date will be calculated as (a.) plus (b.) minus (c.) minus (d.) and plus (e.) where:

- (a.) is the Policy Value on the preceding Monthly Date;
- (b.) is the premium received since the preceding Monthly Date;
- (c.) are the Monthly Deductions for the policy;
- (d.) is any partial withdrawal plus any Surrender Charge since the preceding Monthly Date;
- (e.) is one month's interest on (a.) plus (b.) minus (c.) minus (d.).

On any day other than a Monthly Date, the Policy Value will be calculated as (a.) plus (b.) minus (d.) using the definitions above, with pro-rata adjustment of interest to reflect the time elapsed since the prior Monthly Date. The Policy Value under the policy is not less than the minimum values and benefits required by the state where this policy is delivered.

POLICY FACTORS

MONTHLY DEDUCTIONS. The Monthly Deductions for any policy month are the cost of insurance, the cost of insurance for any riders, and the expense charges for the policy and any riders.

COST OF INSURANCE. The cost of insurance for the policy is determined at the beginning of a policy month as (a.) multiplied by the amount at risk, which is the result of (b.) minus (c.) where:

- (a.) is the cost of insurance rate as described in the Cost of Insurance Rates section divided by 1,000;
- (b.) is the Death Benefit at the beginning of the month divided by: one plus the Guaranteed Minimum Monthly Credited Interest rate, and
- (c.) is the Policy Value at the beginning of the policy month, reduced by all Monthly Deductions except for the cost of insurance deduction.

The cost of insurance for any rider is calculated according to the provisions of the rider.

COST OF INSURANCE RATES. The monthly cost of insurance rates are based on the Specified Amount of the policy and on the Insured's Issue Age, policy year, gender and premium class. Our expectation of Our future persistency, mortality, expense or interest rate experience will be considered in determining the cost of insurance rates. The cost of insurance rates will not be greater than those shown on the Schedule Page.

We may change the cost of insurance rates on any Monthly Date. We will notify the Owner in writing of any change in the cost of insurance rates. This notice will be given prior to the Monthly Date on which the change becomes effective.

If the cost of insurance rates are changed, the Specified Amount, Issue Age, policy year, gender and premium class of the Insured will be used to compute the cost of insurance rates. This applies to this policy and all other policies of like benefits, provisions, and size, and of the same premium class, gender and policy year.

The cost of insurance rates for any riders are shown on the Schedule Page.

JUVENILE RECLASSIFICATION. For policies issued to juveniles (ages 0-17), We will notify the Insured in writing 60 days before the Insured's Attained Age 18 before changing the monthly cost of insurance to a new premium class. We will assign the Insured a uniform default premium class (Standard Tobacco) if the Insured fails to respond to Our written notification within 60 days. If the Insured responds to Our written notification within 60 days with satisfactory evidence of insurability, the monthly cost of insurance will be based upon the Standard Non-Tobacco premium class.

INTEREST RATE. The Guaranteed Minimum Credited Interest Rate used in the calculation of the Policy Value is shown on the Schedule Page. We may use a higher interest rate. If We do, the interest rate We use for that part of the Policy Value that equals any Policy Debt may be less than the interest rate We use for the remainder of the Policy Value.

POLICY COST FACTORS. We may change the interest rate, subject to the guaranteed interest rate shown on the Schedule Page. We may change the cost of insurance rates and expense charges (Specified Amount charges and premium charges) subject to the maximum rates and charges shown on the Schedule Page. We will determine actual rates and charges based on variable factors which may include, but are not limited to, Our future expectations of mortality, expenses, interest, persistency and taxes. Any changes are limited to cost factor guarantees, will be based on future anticipated or emerging experience and will be determined according to the procedures and standards filed with the insurance supervisory official of the state where this policy is delivered. Any change We make will be on a uniform basis for Insured persons of the same Issue Age, gender, premium class, Specified Amount band, and the length of time coverage has been in force.

ACCESSING POLICY VALUES

Loans, partial withdrawal and Surrenders may be subject to income tax and penalty tax.

LOANS. You may obtain a loan after the first policy year using this policy as the sole security for the loan. We may require You to sign a loan agreement. The maximum loan value is equal to:

- (1) the Cash Value calculated at the date of the loan;
- (2) less any existing Policy Debt;
- (3) less interest on the loan from the date of the loan to the end of the policy year; and
- (4) less the Monthly Deductions times three.

The minimum amount for any loan requested is shown on the Schedule Page. The maximum loan interest rate is shown on the Schedule Page, or is the maximum percentage allowable under the law in the state where this Policy is delivered. We have the option of charging less.

A loan may be paid back in full or in part at any time. Interest accrues daily. If interest is not paid when due, it will be added to the Policy Debt and will bear interest at the rate charged on the loan. The death benefit proceeds and Policy Value will be reduced by any outstanding Policy Debt. If the outstanding Policy Debt exceeds the Cash Value, this policy will terminate.

We may defer making the loan for up to six months except to pay premiums on any policy in force with Us.

PARTIAL WITHDRAWAL. After the first policy year, You may take a partial withdrawal from the Surrender Value of the policy while this policy is in force. The minimum partial withdrawal is shown on the Schedule Page. Any partial withdrawal is subject to the following:

- (1) We must receive Written Notice;
- (2) the partial withdrawal must not exceed 75% of Surrender Value of the policy;
- (3) a Surrender Charge may be deducted, equal to (i.) divided by (ii.), the result of which is multiplied by the total Surrender Charge then outstanding where:
 - i. equals the amount of the partial withdrawal; and
 - ii. equals the ~~Policy-Surrender~~ Value of the policy;
- (4) the Policy Value will be reduced by the partial withdrawal plus the Surrender Charge; and
- (5) a partial withdrawal charge, as shown on the Schedule Page, may be deducted from the amount of a partial withdrawal for every partial withdrawal.

If Death Benefit Option A is in effect, any partial withdrawal will reduce the Specified Amount by the amount of the partial withdrawal before any Surrender Charge. The remaining Specified Amount may not be less than the minimum Specified Amount shown on the Schedule Page.

We may defer paying a partial withdrawal for up to six months except to pay premiums on any policy in force with Us.

SURRENDER. At any time, You may request the entire Surrender Value. A Surrender is subject to the following:

- (1) We must receive Written Notice;
- (2) a Surrender Charge will be deducted, equal to Specified Amount of insurance multiplied by the total Surrender Charge factors then outstanding as shown on the Schedule Page, if any.
- (3) the Surrender Value will equal the Policy Value minus the Surrender Charge, if any, minus any outstanding Policy Debt. The Surrender Value within 30 days following a Monthly Date will not be less than the value available on the last Monthly Date. Any Surrender available under the policy at any time other than on a Monthly Date will be calculated with allowance for lapse of time from the last preceding Monthly Date.

The Surrender Values under the policy are not less than the minimum values and benefits required by the state in which the Policy is delivered.

We may defer paying a Surrender for up to six months except to pay premiums on any policy in force with Us.

Upon Surrender, this policy will terminate and all insurance will stop.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that You have entered into with Us. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental application; and
- (5) the applicable Schedule Page(s).

We have relied upon the application(s) in issuing this policy. All statements made in the application for issuance or reinstatement, in the absence of fraud are representations and not warranties. No statement will cause this policy to be rescinded or be used in defense of a claim unless it is contained in the written application and such statement is attached to this policy. We have assumed all statements to be true and complete. If any are not, We may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus Policy Debt and any partial withdrawals.

INCONTESTABILITY. We will not contest this policy, in the absence of fraud or the non-payment of premium, after it has been in force during the lifetime of the Insured for two years from the Date of Issue. If an increase in benefit or a rider is added after the Date of Issue, We will not contest the additional benefit or rider after the increase or rider has been in force during the lifetime of the Insured for two years from the effective date of the increase or rider. For an increase in benefit or added rider, Our right to contest this policy will be limited to the amount of the increase and the evidence provided for such increase. For purposes of this section, increased benefits will include any favorable policy changes requested by You.

If this policy lapses for nonpayment of sufficient premiums and is later Reinstated, We will not contest this policy after it has been in force for two years after the effective date of Reinstatement during the Insured's lifetime. We will not contest this policy based upon any statements in the Reinstatement application if the original Incontestability period has not yet expired. Riders to this policy may have separate incontestability provisions.

POLICY CHANGES. You may request policy changes by sending Written Notice to Us. No change in this policy is valid unless it is in writing and is signed by one of Our officers. No agent has authority to change the policy or to waive any of its provisions. The policy will be amended or endorsed to reflect any adjustment and its effect upon policy features.

SUICIDE. If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue (shown on the Schedule Page) the amount We will pay is limited to the premiums paid less any Policy Debt and less any partial withdrawals.

If the Insured dies by suicide, while sane or insane, within two years from the effective date of any requested increase in Specified Amount, the amount We will pay for the additional insurance is limited to the cost of insurance (defined in the Cost of Insurance provision) for such additional amount.

MISSTATEMENT OF AGE OR GENDER. If the age or gender of the Insured has been misstated on an application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent Monthly Date would have purchased at the Insured's correct age and gender.
- (2) If the misstatement is discovered prior to the Insured's death, the Policy Value will be adjusted to reflect the expense charges, Surrender Charges, and cost of insurance rates based on the Insured's correct age and gender from the Policy Date. Any adjustment for misstatement of age or gender will not result in termination of the policy prior to the date of death. A mortality charge and benefits will be extrapolated if the correct age is outside the Issue Age range of this policy.

ASSIGNMENT. You may assign this policy by giving Written Notice. Unless otherwise specified by You, an assignment will be effective the date the Written Notice is signed by You. We will not be responsible for the validity of an assignment. We will not be liable for any payment We make or actions We take before We receive Written Notice of an assignment. An assignment is subject to any Policy Debt.

NONPARTICIPATING POLICY. This policy does not participate in company profits. No dividends will be paid under this policy.

COMPUTATIONS. Minimum Policy Values are based on maximum cost of insurance rates, maximum expense charges and the guaranteed interest rate shown on the Schedule Page. All interest rates shown on the Schedule Page are annual effective rates unless otherwise stated.

BASIS OF GUARANTEED VALUES. The values of this policy will not be less than the minimum values and benefits required by the state where this policy is delivered. The basis of charges and the method of computation has been filed with the insurance supervisory official of the state in which this policy is delivered.

ANNUAL REPORT. At least once a year We will send You an annual report at no charge. The annual report will provide the following information at a time not more than four months prior to the date of mailing for the period since the last report:

- (1) the beginning and ending date of the current report period;
- (2) the Policy Value, Cash Value and Surrender Value at the beginning of the period;
- (3) the Death Benefit on each life covered by the policy, Policy Value, Policy Debt, Cash Value and Surrender Value at the end of the period;
- (4) the current Specified Amount;
- (5) premium payments made, partial withdrawal amounts, Surrender Charges, cost of riders, if any, Monthly Deductions taken and any other charges since the last Annual Report;
- (6) the amount of any policy loan(s) taken since the last Annual Report;

- (7) notice if the Policy Value is insufficient to maintain the policy in force until the end of the next reporting period; and
- (8) any other information required by Your State Insurance Department or by federal law will also be included in the annual report.

The end of the report period will not be more than four months previous to the date of mailing the report.

ILLUSTRATIVE REPORT. You may request a projection of illustrative future benefits and values at any time. There will be no charge for this report on an annual basis. If You request this report more frequently than annually, We will charge a \$30.00 service fee per each additional report.

MATURITY DATE. The policy will mature on the date shown on the Schedule Page. If the Insured is living on the Maturity Date, the Surrender Value will be paid to the Owner, and this policy will terminate.

CONFORMITY WITH STATE LAW. Any provision of the policy that, on the Date of Issue, conflicts with the laws of the state where the policy is delivered, is amended to meet the minimum requirements of such laws. The state law where the application for the policy is taken supersedes any conflicting laws of any other state where the Owner may live on or after the Date of Issue.

TERMINATION. This policy will terminate and all insurance will stop:

- (1) on the date We receive Written Notice to terminate the policy; or
- (2) when a required premium is not received before the end of the Grace Period; or
- (3) when the outstanding Policy Debt exceeds the Cash Value; or
- (4) when the Insured dies; or
- (5) when this policy matures.

PAYMENT OF POLICY BENEFITS

METHOD OF PAYMENT. Policy benefits will be paid in one sum or under an elected payment plan. Benefits of less than \$2,500 may not be applied under any payment plan. The plans available are listed in the next section.

The proceeds of this policy at the time payment will commence will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

PAYMENT PLANS.

- (1) **Installments of Specific Amount (Option 1).** Payment will be made in equal monthly installments of a Specific Amount. They will continue until the benefits with interest are paid. The final payment will not be more than the unpaid balance.
- (2) **Installments of a Specific Period (Option 2).** Payment will be made in equal monthly installments over a period of one to 30 years. Table I shows the amount of each installment for each \$1,000 of benefits.

TABLE I

<u>Years*</u>	<u>Monthly Payment</u>	<u>Years*</u>	<u>Monthly Payment</u>
1	\$84.28	10	\$9.39
2	42.66	15	6.64
3	28.79	20	5.27
4	21.86	25	4.46
5	17.70	30	3.93

* Other years available on request. Payment option rates are based on 2.5% interest.

- (3) **Life Income for a Certain Period (Option 3).** Payment will be made in equal monthly installments for a selected certain period. This period may be for 10, 15 or 20 years. They will continue to be made past this period as long as the payee is alive. Table II shows the amount of each payment for each \$1,000 of benefits. They are based on the age nearest birthday and gender of the payee at the time payments begin. If the payee's age or gender is misstated appropriate changes will be made in the remaining payments. We reserve the right to require proof that a payee is living on any payment due date.

TABLE II

Age*	MALE			FEMALE		
	10 Years	15 Years	20 Years	10 Years	15 Years	20 Years
50	\$3.80	\$3.76	\$3.70	\$3.56	\$3.54	\$3.51
51	3.87	3.82	3.76	3.62	3.59	3.56
52	3.94	3.89	3.81	3.68	3.65	3.61
53	4.01	3.96	3.87	3.74	3.72	3.67
54	4.09	4.03	3.94	3.81	3.78	3.73
55	4.17	4.10	4.00	3.89	3.85	3.79
56	4.26	4.18	4.06	3.96	3.92	3.85
57	4.35	4.26	4.13	4.04	3.99	3.92
58	4.45	4.35	4.19	4.13	4.07	3.98
59	4.55	4.44	4.26	4.22	4.15	4.05
60	4.66	4.53	4.33	4.31	4.24	4.12
61	4.77	4.62	4.40	4.41	4.33	4.20
62	4.89	4.72	4.46	4.51	4.42	4.27
63	5.02	4.81	4.53	4.63	4.52	4.34
64	5.15	4.91	4.60	4.74	4.61	4.42
65	5.28	5.02	4.66	4.87	4.72	4.49
66	5.42	5.12	4.72	5.00	4.82	4.56
67	5.57	5.22	4.78	5.14	4.93	4.63
68	5.72	5.33	4.84	5.28	5.04	4.70
69	5.88	5.43	4.89	5.43	5.16	4.77
70	6.05	5.53	4.94	5.59	5.27	4.83
71	6.21	5.63	4.99	5.76	5.39	4.89
72	6.38	5.73	5.03	5.94	5.50	4.95
73	6.56	5.82	5.07	6.12	5.62	5.00
74	6.73	5.91	5.10	6.31	5.73	5.05
75	6.91	6.00	5.13	6.51	5.83	5.09
76	7.09	6.08	5.16	6.71	5.93	5.12
77	7.27	6.15	5.18	6.91	6.03	5.15
78	7.44	6.22	5.20	7.11	6.11	5.18
79	7.61	6.28	5.22	7.31	6.19	5.20
80	7.78	6.34	5.23	7.51	6.27	5.22

*Other ages available on request.

- (4) **Interest Income (Option 4).** We will hold the benefits for an agreed upon period. During this period we will make monthly interest payments of \$2.46 for each \$1,000 of benefits held by Us. All but not part of the benefits may be withdrawn at any time prior to the end of the agreed period. Payment option rates are based on 2.5% interest.

PAYMENT PLAN ELECTIONS.

- (1) **Right to Elect Payment Plans.** A request for a payment plan must be in writing. It may be elected by:
- a. the Owner during the lifetime of the Insured.
 - b. a primary or contingent Beneficiary to whom benefits become payable, if no election is in effect on the date of death of the Insured.

After a payment plan is effective it cannot be changed.

- (2) **Effective Date.** A plan elected before the benefits are payable will be effective on the date they become payable. If elected after that time, it will be effective when we receive the request for the election at Our Home Office. The first payment under Options 1, 2 and 3 is due on the date the plan becomes effective. Under Option 4 interest will be calculated from that date with the first payment due one month after the plan becomes effective.
- (3) **Amount and Period Limits.** If monthly payments are less than \$10 we may change the frequency of payments to bring the amount of each payment up to at least \$10. Under Options 1, 2 and 4 no election will be for a period longer than 30 years.
- (6) **Payment Frequency.** Instead of monthly payments a quarterly, semiannual or annual frequency may be elected.

PAYMENT PLAN RATES. Benefits will earn interest at an annual effective rate of not less than 2.0%. One year after a plan becomes effective and every year after that this rate may be increased upon approval of Our Board of Directors. Under Option 3, no interest in excess of 2.0% will be paid after all the installments for the selected certain period have been paid.

PAYEES.

- (1) **Death Benefit.** This benefit will be paid to the designated beneficiaries. If any Beneficiary dies before the Insured, the interest of that Beneficiary will be paid to the Owner or the Owner's estate unless otherwise requested.
- (2) **Surrender or Maturity Proceeds.** These proceeds will be paid to the Owner.
- (3) **Assignment.** The interest of any payee will be subject to any assignment regardless of when the assignment is made.

CLAIMS OF CREDITORS. So far as permitted by law, no amount payable under this policy will be subject to the claims of creditors of any payee.

DEATH OF PAYEE UNDER PAYMENT PLANS. If the payee dies before receiving the benefits stated under the payment plan elected we will make a one sum payment to the estate of the payee unless other arrangements have been made in the election. The amount of this payment will be as follows:

- (1) Under Option 1, 2 or 3, it will be the present value at an effective rate of 2.0% of any unpaid installments. Under Option 3 this only applies to the unpaid installments for the selected certain period.
- (2) Under Option 4 it will be the unpaid benefits and any accrued interest.

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FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE PLAN
issued by

KEMPER INVESTORS LIFE INSURANCE COMPANY
whose Home Office address is

[Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Adjustable Death Benefit

Life Insurance Amount Payable at Death of Insured Prior to Maturity

Flexible Premiums Payable During Lifetime of the Insured

Nonparticipating/No Dividends

SERFF Tracking Number: MLLM-126729865 State: Arkansas

Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46401

Company Tracking Number: 0146PAL02-08

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: Kemper Investors Life Insurance Company/0146PAL02-08

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

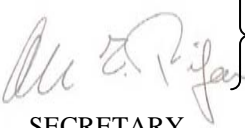
Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/05/2010	Form	Flexible Premium Adjustable Life Insurance Policy	08/25/2010	AR UL121AR-01 Flexible Premium Adjustable Life Insurance Policy 08-05-2010.pdf (Superceded)
07/21/2010	Form	Flexible Premium Adjustable Life Insurance Policy	08/05/2010	AR UL121AR-01 Flexible Premium Adjustable Life Insurance Policy 08-04-2010.pdf (Superceded)

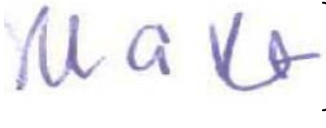
KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Toll Free Telephone Number [(877) 678 -7534]


SECRETARY


PRESIDENT

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

The benefits, Policy Value, period of coverage and premiums for this policy are on an indeterminate basis. The initial interest rate is guaranteed only for a limited period of time.

PLEASE READ THIS POLICY AND REVIEW THE APPLICATION CAREFULLY. This policy is a legal contract between You and Kemper Investors Life Insurance Company. We are issuing this policy based on payment of the Initial Premium and the answers in the application (see attached copy). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify Us within ten (10) days from the date this policy is delivered to You.

This is a flexible premium universal life insurance policy with an adjustable death benefit. We insure the person named as the Insured on the Schedule Page in accordance with the provisions of this policy. We will pay the Death Benefit as described in the Death Benefit provision and in accordance with the Beneficiary provision when We receive due proof of death of the Insured while this policy is in force, subject to the terms of this policy.

RIGHT TO EXAMINE AND CANCEL POLICY.

20-DAY RIGHT TO EXAMINE THIS POLICY. You may cancel this policy by delivering or mailing a Written Notice to Kemper Investors Life Insurance Company, [Schaumburg, Illinois 60196-6801] or sending an e-mail to [life.customercare@zurichna.com], or to the agent or agency from whom You purchased the policy and by returning the policy before midnight of the 20th day after you received the policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments, fees and charges, less partial withdrawals made for this policy within 20 days after it receives notice of cancellation and the returned policy.

If returned, the policy or contract will be considered void from the beginning.

Adjustable Death Benefit
Insurance Amount Payable at Death of Insured Prior to Maturity
Flexible Premiums Payable During Lifetime of the Insured
Nonparticipating/No Dividends

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ENDORSEMENTS

To be made only by Us at Our Home Office.

SCHEDULE PAGE

Policy Number: [1234567890]

Insured: [John Doe]

Issue Age and Gender: [35, Male]

Owner: [John Doe]

Policy Date: [April 1, 2010]
Issue Date: [April 1, 2010]
Maturity Date: [April 1, 2096]

Initial Specified Amount (Excluding Riders): \$[2,500,000]
Minimum Specified Amount: \$ [250,000.00]

Premium Class: [Standard Nontobacco]
[Table Extra: [50.0]% extra cost of insurance [(Table 2)]]
[Flat Extra Charge: \$[15.00] per \$1,000 of amount at risk for [3] years]
Basis of Values: 2001 CSO [Male Nonsmoker] Mortality Table,
Age Nearest Birthday

Guaranteed Minimum Credited Interest Rate: 2.0% Per Year (Equivalent to 0.16516% Per Month)

Planned Periodic Premium: \$[15,482.50]
Premium Frequency: [Annually]
Initial Premium: \$[15,482.50]
Minimum Premium: \$[14,190.70] Per Year for the First 3 Policy Years
Lapse Protection Premium (Account Value A): \$[15,482.50]
Maximum Lapse Protection Period: To Insured Attained Age 121
Guaranteed Premium for Selected
Lapse Protection Benefit Period: \$[15,482.50] for [65] years
Initial Selected Lapse Protection Benefit Period: To Insured Attained Age [100]

Plan: Flexible Premium Adjustable Life
Death Benefit Option: [A]

Issue State: [Pennsylvania]

Department of Insurance Telephone Number: [123-456-7890]

The policy may not mature even if Planned Periodic Premiums are paid because the current cost of insurance and interest rates are not guaranteed, policy loans and partial withdrawals may be taken, and there may be changes to the Specified Amount.

At some future time, the Policy Value may not cover the next Monthly Deductions. When that occurs, the policy may enter the Grace Period and will terminate at the end of that period if sufficient premium to cover the Monthly Deductions is not paid before the end of the Grace Period.

Costs of insurance, expense charges, and other charges for riders and endorsements, if any, are shown on the rider schedule page(s).

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Table of Monthly Guaranteed Cost of Insurance Rates Per \$1,000 of Amount At Risk

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.091	65	31	1.289	95	61	22.266
36	2	0.096	66	32	1.418	96	62	23.649
37	3	0.100	67	33	1.548	97	63	25.124
38	4	0.108	68	34	1.688	98	64	26.698
39	5	0.114	69	35	1.833	99	65	28.378
40	6	0.122	70	36	2.008	100	66	30.175
41	7	0.132	71	37	2.205	101	67	31.601
42	8	0.144	72	38	2.463	102	68	33.120
43	9	0.158	73	39	2.736	103	69	34.737
44	10	0.175	74	40	3.023	104	70	36.457
45	11	0.194	75	41	3.336	105	71	38.261
46	12	0.213	76	42	3.678	106	72	40.179
47	13	0.233	77	43	4.074	107	73	42.218
48	14	0.244	78	44	4.538	108	74	44.386
49	15	0.258	79	45	5.073	109	75	46.688
50	16	0.277	80	46	5.656	110	76	49.133
51	17	0.299	81	47	6.320	111	77	51.728
52	18	0.330	82	48	7.012	112	78	54.483
53	19	0.363	83	49	7.758	113	79	57.409
54	20	0.406	84	50	8.583	114	80	60.513
55	21	0.458	85	51	9.506	115	81	63.806
56	22	0.512	86	52	10.528	116	82	67.299
57	23	0.569	87	53	11.645	117	83	71.004
58	24	0.618	88	54	12.842	118	84	74.935
59	25	0.675	89	55	14.104	119	85	79.102
60	26	0.743	90	56	15.422	120	86	83.333
61	27	0.827	91	57	16.661			
62	28	0.928	92	58	17.953			
63	29	1.043	93	59	19.315			
64	30	1.163	94	60	20.754			

The monthly guaranteed cost of insurance rates shown above are based on the 2001 Commissioner's Standard Ordinary Smoker/Non smoker Mortality Table, Age Nearest Birthday and the Insured's gender and premium class at issue. Actual monthly cost of insurance rates will be determined by Us based on Our expectations as to future experience. However, these actual costs of insurance rate will not be greater than those shown above.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Expense Charges

Guaranteed Maximum Monthly Expense Charges:	\$7.50 Per Policy
Percentage of Premium Expense Charges (Guaranteed Maximum):	7.5% on All Premium Received in All Policy Years
Guaranteed Monthly Policy Load Per \$1,000 Specified Amount:	[\$1.00] All Policy Years

**TABLE OF SURRENDER CHARGES FOR
POLICY SURRENDER**

Year	Charge
1	\$ 46,925.00
2	44,875.00
3	42,775.00
4	40,650.00
5	38,475.00
6	36,250.00
7	34,000.00
8	31,700.00
9	29,350.00
10	26,950.00
11	24,500.00
12	22,000.00
13	19,450.00
14	16,850.00
15	14,200.00
16	11,500.00
17	8,700.00
18	5,875.00
19	2,975.00
20	\$ 0.00
And Thereafter	

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Death Benefit As A Percentage of Policy Value Table

Attained Age	Percentage	Attained Age	Percentage
0-40	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94-100	101
59	134	101+	100
60	130		

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Minimum Increase in Specified Amount:	\$[50,000.00]
Minimum Decrease in Specified Amount:	\$[25,000.00]
Minimum Planned Periodic Premium:	\$[200.00]
Minimum Partial Withdrawal Amount:	\$[2,000.00]
Minimum Premium Payable For:	[3] Years
Maximum Partial Withdrawal Fee:	\$[50.00]
Maximum Attained Age for an Increase or Reinstatement:	[80]
Maximum Loan Interest Rate:	6.0% (Annual Effective Rate in Arrears)
Minimum Loan Amount:	\$[2,000.00]
Threshold Percentage for Calculation of Lapse Protection Account B Credited Interest:	[150.0]%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A

Lapse Protection Account Value A Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value A Cost of Insurance Rates are only used to determine the balance of Account Value A and have no bearing on the Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table

The Lapse Protection Account Value A premium loads are used to determine the monthly value of Lapse Protection Account A. There are two premium loads. The first Lapse Protection Account Value A premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value A premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	10.00%	31	0.4868%	10.00%	\$49,931.88	10.00%
2	0.4074%	10.00%	30,965.00	10.00%	32	0.4868%	10.00%	54,857.21	10.00%
3	0.4074%	10.00%	30,965.00	10.00%	33	0.5654%	10.00%	59,838.22	10.00%
4	0.4074%	10.00%	30,965.00	10.00%	34	0.5654%	10.00%	65,193.06	10.00%
5	0.4074%	10.00%	30,965.00	10.00%	35	0.6434%	10.00%	70,728.96	10.00%
6	0.4074%	10.00%	30,965.00	10.00%	36	0.6434%	10.00%	77,428.19	10.00%
7	0.4074%	10.00%	30,965.00	10.00%	37	0.7207%	10.00%	84,903.22	10.00%
8	0.4074%	10.00%	30,965.00	10.00%	38	0.7207%	10.00%	94,693.40	10.00%
9	0.4074%	10.00%	30,965.00	10.00%	39	0.7207%	10.00%	104,985.26	10.00%
10	0.4074%	10.00%	30,965.00	10.00%	40	0.7207%	10.00%	115,773.27	10.00%
11	0.4074%	10.00%	30,965.00	10.00%	41	0.7207%	10.00%	127,519.43	10.00%
12	0.4074%	10.00%	30,965.00	10.00%	42	0.7974%	10.00%	140,273.90	10.00%
13	0.4074%	10.00%	30,965.00	10.00%	43	0.7974%	10.00%	155,011.45	10.00%
14	0.4074%	10.00%	30,965.00	10.00%	44	0.7974%	10.00%	172,131.08	10.00%
15	0.4074%	10.00%	30,965.00	10.00%	45	0.7974%	10.00%	191,772.37	10.00%
16	0.4074%	10.00%	30,965.00	10.00%	46	0.8735%	10.00%	213,034.99	10.00%
17	0.4074%	10.00%	30,965.00	10.00%	47	0.8735%	10.00%	237,051.09	10.00%
18	0.4074%	10.00%	30,965.00	10.00%	48	0.8735%	10.00%	261,845.19	10.00%
19	0.4074%	10.00%	30,965.00	10.00%	49	0.8735%	10.00%	288,336.07	10.00%
20	0.4074%	10.00%	30,965.00	10.00%	50	0.8735%	10.00%	317,374.84	10.00%
21	0.4074%	10.00%	30,965.00	10.00%	51	0.9489%	10.00%	349,452.17	10.00%
22	0.4074%	10.00%	30,965.00	10.00%	52	0.9489%	10.00%	384,567.72	10.00%
23	0.4074%	10.00%	30,965.00	10.00%	53	0.9489%	10.00%	422,397.46	10.00%
24	0.4074%	10.00%	30,965.00	10.00%	54	0.9489%	10.00%	462,344.02	10.00%
25	0.4074%	10.00%	30,965.00	10.00%	55	0.9489%	10.00%	503,833.50	10.00%
26	0.4074%	10.00%	30,965.00	10.00%	56	1.0237%	10.00%	546,426.24	10.00%
27	0.4074%	10.00%	32,113.77	10.00%	57	1.0237%	10.00%	585,841.48	10.00%
28	0.4074%	10.00%	36,039.66	10.00%	58	1.0237%	10.00%	626,272.51	10.00%
29	0.4074%	10.00%	40,442.11	10.00%	59	1.0237%	10.00%	668,210.22	10.00%
30	0.4074%	10.00%	45,062.53	10.00%	60	1.0237%	10.00%	711,729.74	10.00%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium
61	1.0237%	10.00%	\$756,597.82	10.00%	76	1.0237%	10.00%	\$1,427,530.52	10.00%
62	1.0237%	10.00%	796,914.29	10.00%	77	1.0237%	10.00%	1,481,309.05	10.00%
63	1.0237%	10.00%	839,138.03	10.00%	78	1.0237%	10.00%	1,536,547.09	10.00%
64	1.0237%	10.00%	883,340.45	10.00%	79	1.0237%	10.00%	1,593,212.28	10.00%
65	1.0237%	10.00%	929,563.60	10.00%	80	1.0237%	10.00%	1,651,152.04	10.00%
66	1.0237%	10.00%	977,931.75	10.00%	81	1.0237%	10.00%	1,710,299.99	10.00%
67	1.0237%	10.00%	1,015,550.54	10.00%	82	1.0237%	10.00%	1,770,519.10	10.00%
68	1.0237%	10.00%	1,054,901.66	10.00%	83	1.0237%	10.00%	1,831,678.31	10.00%
69	1.0237%	10.00%	1,095,967.48	10.00%	84	1.0237%	10.00%	1,893,661.19	10.00%
70	1.0237%	10.00%	1,138,760.38	10.00%	85	1.0237%	10.00%	1,956,258.24	10.00%
71	1.0237%	10.00%	1,182,675.09	10.00%	86	1.0237%	10.00%	2,016,733.09	10.00%
72	1.0237%	10.00%	1,228,303.38	10.00%					
73	1.0237%	10.00%	1,275,632.10	10.00%					
74	1.0237%	10.00%	1,324,649.35	10.00%					
75	1.0237%	10.00%	1,375,305.02	10.00%					

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B

Lapse Protection Account Value B Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value B Cost of Insurance Rates are only used to determine the balance of Account Value B and have no bearing on Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table

The Lapse Protection Account Value B premium loads are used to determine the monthly value of Lapse Protection Account B. There are two premium loads. The first Lapse Protection Account Value B premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value B premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	15.25%	31	0.4074%	10.00%	\$49,931.88	16.00%
2	0.4074%	10.00%	30,965.00	10.75%	32	0.4074%	10.00%	54,857.21	16.00%
3	0.4074%	10.00%	30,965.00	10.75%	33	0.4074%	10.00%	59,838.22	16.00%
4	0.4074%	10.00%	30,965.00	10.75%	34	0.4074%	10.00%	65,193.06	16.00%
5	0.4074%	10.00%	30,965.00	10.75%	35	0.4074%	10.00%	70,728.96	16.00%
6	0.4074%	10.00%	30,965.00	16.00%	36	0.4074%	10.00%	77,428.19	16.00%
7	0.4074%	10.00%	30,965.00	16.00%	37	0.4074%	10.00%	84,903.22	16.00%
8	0.4074%	10.00%	30,965.00	16.00%	38	0.4074%	10.00%	94,693.40	16.00%
9	0.4074%	10.00%	30,965.00	16.00%	39	0.4074%	10.00%	104,985.26	16.00%
10	0.4074%	10.00%	30,965.00	16.00%	40	0.4074%	10.00%	115,773.27	16.00%
11	0.4074%	10.00%	30,965.00	16.00%	41	0.4074%	10.00%	127,519.43	16.00%
12	0.4074%	10.00%	30,965.00	16.00%	42	0.4074%	10.00%	140,273.90	16.00%
13	0.4074%	10.00%	30,965.00	16.00%	43	0.4074%	10.00%	155,011.45	16.00%
14	0.4074%	10.00%	30,965.00	16.00%	44	0.4074%	10.00%	172,131.08	16.00%
15	0.4074%	10.00%	30,965.00	16.00%	45	0.4074%	10.00%	191,772.37	16.00%
16	0.4074%	10.00%	30,965.00	16.00%	46	0.4074%	10.00%	213,034.99	16.00%
17	0.4074%	10.00%	30,965.00	16.00%	47	0.4074%	10.00%	237,051.09	16.00%
18	0.4074%	10.00%	30,965.00	16.00%	48	0.4074%	10.00%	261,845.19	16.00%
19	0.4074%	10.00%	30,965.00	16.00%	49	0.4074%	10.00%	288,336.07	16.00%
20	0.4074%	10.00%	30,965.00	16.00%	50	0.4074%	10.00%	317,374.84	16.00%
21	0.4074%	10.00%	30,965.00	16.00%	51	0.4074%	10.00%	349,452.17	16.00%
22	0.4074%	10.00%	30,965.00	16.00%	52	0.4074%	10.00%	384,567.72	16.00%
23	0.4074%	10.00%	30,965.00	16.00%	53	0.4074%	10.00%	422,397.46	16.00%
24	0.4074%	10.00%	30,965.00	16.00%	54	0.4074%	10.00%	462,344.02	16.00%
25	0.4074%	10.00%	30,965.00	16.00%	55	0.4074%	10.00%	503,833.50	16.00%
26	0.4074%	10.00%	30,965.00	16.00%	56	0.4074%	10.00%	546,426.24	16.00%
27	0.4074%	10.00%	32,113.77	16.00%	57	0.4074%	10.00%	585,841.48	16.00%
28	0.4074%	10.00%	36,039.66	16.00%	58	0.4074%	10.00%	626,272.51	16.00%
29	0.4074%	10.00%	40,442.11	16.00%	59	0.4074%	10.00%	668,210.22	16.00%
30	0.4074%	10.00%	45,062.53	16.00%	60	0.4074%	10.00%	711,729.74	16.00%

* [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than [150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
61	0.4074%	10.00%	\$756,597.82	16.00%	76	0.4074%	10.00%	\$1,427,530.52	16.00%
62	0.4074%	10.00%	796,914.29	16.00%	77	0.4074%	10.00%	1,481,309.05	16.00%
63	0.4074%	10.00%	839,138.03	16.00%	78	0.4074%	10.00%	1,536,547.09	16.00%
64	0.4074%	10.00%	883,340.45	16.00%	79	0.4074%	10.00%	1,593,212.28	16.00%
65	0.4074%	10.00%	929,563.60	16.00%	80	0.4074%	10.00%	1,651,152.04	16.00%
66	0.4074%	10.00%	977,931.75	16.00%	81	0.4074%	10.00%	1,710,299.99	16.00%
67	0.4074%	10.00%	1,015,550.54	16.00%	82	0.4074%	10.00%	1,770,519.10	16.00%
68	0.4074%	10.00%	1,054,901.66	16.00%	83	0.4074%	10.00%	1,831,678.31	16.00%
69	0.4074%	10.00%	1,095,967.48	16.00%	84	0.4074%	10.00%	1,893,661.19	16.00%
70	0.4074%	10.00%	1,138,760.38	16.00%	85	0.4074%	10.00%	1,956,258.24	16.00%
71	0.4074%	10.00%	1,182,675.09	16.00%	86	0.4074%	10.00%	2,016,733.09	16.00%
72	0.4074%	10.00%	1,228,303.38	16.00%					
73	0.4074%	10.00%	1,275,632.10	16.00%					
74	0.4074%	10.00%	1,324,649.35	16.00%					
75	0.4074%	10.00%	1,375,305.02	16.00%					

* [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than [150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

DEFINITIONS

Defined terms are capitalized throughout this policy.

ATTAINED AGE. Means the Issue Age plus the number of completed policy years. With respect to any increase in the Specified Amount, Attained Age means the Issue Age for the increase plus the number of completed policy years.

CASH VALUE. Means the Policy Value less the Surrender Charge as described on the Schedule Page.

DATE OF ISSUE. Means the date on which the suicide and incontestability periods begin. If We have received the Initial Premium from You, the Date of Issue will also be the date when You have life insurance coverage with Us. If We have not received the Initial Premium from You, You WILL NOT have coverage until the date on which We receive the Initial Premium from You.

HOME AREA. Means anywhere within the 50 states of the United States and its territories, the District of Columbia and Canada.

INITIAL PREMIUM. Means the first premium paid under this policy and as described on the Schedule Page.

INSURED. Means the person shown on the Schedule Page upon whose life this policy is issued.

ISSUE AGE. Means the Insured's age as of the nearest birthday on the Policy Date. With respect to any increase in the Specified Amount, Issue Age means the Insured's age as of the nearest birthday to the date of the increase.

MATURITY DATE. Means the date on which this policy will mature as shown on the Schedule Page.

MINIMUM PREMIUM. Means a premium used to define a required level of premium payments during the first three policy years.

MONTHLY DATE. Means the same day of each month as the Policy Date.

MONTHLY DEDUCTIONS. Means charges made against the Policy Value on each Monthly Date for the coverage provided by this policy and any attached riders.

OWNER. The natural person or entity who has the rights of ownership of this policy.

PLANNED PERIODIC PREMIUM. Means a level premium You intend to pay at a fixed interval. The Planned Periodic Premium is shown on the Schedule Page.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The Policy Date will be determined by Us unless You request a different Policy Date that We approve. If the Date of Issue is after the Policy Date or We have not received the Initial Premium from You, You WILL NOT have life insurance coverage on the Policy Date. The insurance age of the Insured is Issue Age on the Policy Date.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans. If the Policy Debt equals or exceeds the Cash Value, this policy will terminate and have no value subject to the terms of the Grace Period, Premiums and Reinstatement provisions.

POLICY VALUE. On the Date of Issue, is equal to the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any monthly anniversary will be calculated as described in the Policy Values section of this policy.

SPECIFIED AMOUNT. Means a dollar amount used to determine the death benefit of Your policy. It is shown on the Schedule Page. You may increase or decrease it as described in Your policy.

SURRENDER. Means termination of this policy at Your request for its Surrender Value while the Insured is alive.

SURRENDER CHARGE. Means the charge subtracted from the Policy Value on the Surrender of this policy and as shown on the Schedule Page.

SURRENDER VALUE. Means the Policy Value, minus Surrender Charges, minus any Policy Debt. If the full Surrender Value is withdrawn, this policy will terminate. This termination is known as Surrender.

WE, US, OUR. Means Kemper Investors Life Insurance Company.

WRITTEN NOTICE, Means information We have received at the address(es) shown on the first page of this policy which is written, is signed by You, and is acceptable to Us.

YOU, YOUR. Means the owner as shown on the Schedule Page unless change. The Insured may or may not be the Owner.

OWNERSHIP

The Insured is the Owner unless otherwise stated in the application or later changed. If the Owner dies before the Insured, the successor Owner named in the application is the new Owner. If there is no successor Owner, then the Owner's estate becomes the new Owner. The Owner, or successor or transferee has all rights in this policy. All policy rights will be subject to any assignment and to the rights of any irrevocable Beneficiary. These rights may be exercised only during the lifetime of the Insured.

Subject to any legal or contractual restrictions, Ownership of this policy may be transferred at any time by Written Notice to Us. The transfer will then be effective as of the date it was signed, but it will not apply to any payments We make before the request is received and recorded by Us. Our approval is necessary if the new Owner elects a decrease in the Specified Amount or seeks division of the policy in conjunction with a change of Owner.

BENEFICIARY

The Beneficiary will receive the death benefit proceeds when the Insured dies while this policy is in effect. The primary and any contingent Beneficiaries are named in the application or subsequent Beneficiary forms accepted by Us. If no primary Beneficiary is living when the Insured dies, We will make payment to the contingent Beneficiary. If no contingent Beneficiary is living when the Insured dies, We will pay You or Your estate.

Unless the Beneficiary designation provides otherwise, We will follow these rules:

- (1) We will pay equal shares when more than one Beneficiary of the same class is to share the funds.
- (2) No revocable Beneficiary has rights in this policy until the Insured dies.
- (3) An irrevocable Beneficiary cannot be changed without his or her consent.
- (4) The interest of any Beneficiary is subject to the rights of any assignee shown on Our records.

You may change the Beneficiary at any time while the Insured is living by sending Written Notice during the lifetime of the Insured. Unless otherwise specified by You, a change of Beneficiary will be effective on the date the Written Notice is signed by You. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. No change is effective until after We have approved it. If approved, it will take effect on the date the Written Notice was signed by You. We will not be liable for any payments We make or action We take before the change is received.

Unless otherwise provided, if any Beneficiary dies within five days after the Insured dies as the result of a common disaster, We will pay the death benefit as if that Beneficiary died first.

A transfer of ownership of itself will not change the interest of any Beneficiary.

DEATH BENEFIT

We will pay the death benefit proceeds if the Insured dies while this policy is in force, subject to the terms and conditions of this policy. The death benefit is based upon the Death Benefit Option as shown on the Schedule Page.

1. Option A. The Policy Value (as defined in the Policy Value provision) is included in the Specified Amount. If death occurs prior to the Policy Date following the Insured's Attained Age 121, the Death Benefit will be the greater of:
 - (a) the Specified Amount on the date of death; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit As A Percentage of Policy Value Table on the Schedule Page.
2. Option C. The death benefit will be the greater of:
 - (a) the Specified Amount on the date of death, plus the total of all the premiums paid into this policy as of the date of death, less the amount of all Partial Withdrawals taken since the Date of Issue; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit as a Percentage of Policy Value Table on the Schedule Page.

Under Option A or Option C, the death benefit will be reduced by outstanding Policy Debt, if any.

Payment of death benefit proceeds will be made after We receive due proof of death.

Payment of the death benefit proceeds is subject to the interest of any assignee. Death benefit proceeds paid to satisfy any assignee will be paid in one sum. If no Beneficiary survives, We will pay the death benefit proceeds in one sum to You, if You are living; otherwise to Your estate. You may choose another method of payment with Our consent.

MINIMUM SPECIFIED AMOUNT. The minimum Specified Amount permitted under this policy is shown on the Schedule Page.

CHANGE IN SPECIFIED AMOUNT. At any time after the first year, upon Written Notice by the Owner, the Specified Amount may be changed, subject to the following:

Specified Amount Decrease.

- (1) The minimum decrease amount is \$25,000.
- (2) Any decreases will be effective on the Monthly Date on or next following the receipt of the request by Us. A decrease will be applied in the following order:
 - a. first against any increase in the Specified Amount beginning with the most recent increase, and then,
 - b. against the initial Specified Amount.
- (3) The Specified Amount remaining in force after any requested decrease may not be less than the minimum Specified Amount shown on the Schedule Page.
- (4) A decrease in the Specified Amount will decrease any future Minimum Premiums and result in a Surrender Charge equal to a percentage of a full Surrender Charge. This percentage will equal the proportion that the Specified Amount Decrease bears to the highest previous Specified Amount before the decrease.

Specified Amount Increase.

- (1) The minimum increase amount is \$50,000.
- (2) A supplemental application must be submitted to Us.
- (3) Any increases will be subject to evidence of insurability satisfactory to Us.
- (4) The effective date of any increase will be the date shown on a supplemental Schedule Page.
- (5) An increase in the Specified Amount will increase future Minimum Premiums and Surrender Charges. Surrender Charges on the increased amount will be calculated based upon the Attained Age at the time of increase and added to those shown on the Schedule Page. Increases in the Insured's Cost of Insurance Charges will be based on the Insured's gender, premium class, Specified Amount and age at the time of the increase.

We will send a new Schedule Page to You at Your last known address documenting any changes in the Specified Amount.

EXCLUSIONS

Unless at the time of application the Insured discloses that he or she is an active or inactive member of the military, military reserves, or the National Guard, We will exclude death benefits under this policy if the Insured's death is the result of:

- (1) War or act of war, if the cause of death occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces or within six months after termination of services in such forces.
- (2) War or an act of war while the Insured is serving in any civilian non-combatant unit serving within the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
- (3) War or an act of war, within two years from the date of issue of the policy, while the Insured is not serving in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the Insured is outside the Home Area, provided such death occurs outside the home area or within six months after the Insured's return to the Home Area.

If an exclusion applies, We will pay policy proceeds to the Beneficiary in an amount not less than a reserve determined according to the Commissioner's reserve valuation method upon the basis of the mortality table and interest rate specified in the policy for the calculation of nonforfeiture benefits, or if the policy provides for no such benefits, computed according to a mortality table and interest rate determined by Us and specified in the policy, with adjustment for Policy Debt.

PREMIUMS

PAYMENT OF PREMIUM. The Initial Premium is the amount paid on or before delivery of this policy and is paid before the Date of Issue. The Planned Periodic Premium is shown on the Schedule Page. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. If the amount of premium received by Us is not sufficient to keep the policy in force, the policy will terminate according to the provisions of the policy.

The premium frequency is shown on the Schedule Page and only serves as an indication of Your preference as to probable future frequency of payment. You may change the frequency of Planned Periodic Premium payments at any time. You also may make additional and unscheduled payments at any time before the Maturity Date subject to Our right to limit the amount and frequency of premium payments. We reserve the right to require evidence of insurability if You make additional and unscheduled payments at any time before the Maturity Date which result in an increase in Our amount at risk. Each premium payment will be credited by Us as described in the Policy Value provision.

At all points during the first three policy years, You are required to have paid cumulative premiums at least equal to the number of months started since the Policy Date multiplied by the Minimum Premium shown on the Schedule Page, divided by 12. If You fail to satisfy this requirement within 31 days of Our notification to You, the policy will terminate and any Surrender Value will be paid to You.

We will not accept any premium if it causes the policy to fail the Guideline Premium Requirements for a life insurance policy as defined in Section 7702 of the Internal Revenue Code on the Date of Issue. If a premium in excess of the Guideline Premium limitation is received, We will refund the excess amount to the Owner unless the Owner has given other instructions to Us in writing which We have accepted and acknowledged. However, premium will not be refunded if it is necessary to keep the policy in force.

Premium payments may be made to the administrative office shown on the first page of this policy or to such other place as We may designate. A receipt signed by Our President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the Policy Value is no longer sufficient to cover the Monthly Deductions. We reserve the right to limit the premiums payable under this policy. Such premium limitation will apply to all policy owners in a nondiscriminatory manner. Premium payments must be clearly marked as "Premium Payment," otherwise they will first be applied as loan repayments if there is any outstanding Policy Debt.

GRACE PERIOD. If, on any Monthly Date, the Policy Value is less than zero, You will have a 61-day Grace Period to make a premium payment to continue this policy. The premium required to continue this policy is no more than that which results in a Policy Value on the date the Grace Period begins. That amount equals the current Monthly Deductions plus the next two Monthly Deductions.

We will send a written notification 31 days before the end of the Grace Period to the Owner's last known address and any assignee of record according to Our records. Insurance coverage under this policy and any benefits provided by any rider(s) will continue through the Grace Period. If the Insured dies during the Grace Period, any past due Monthly Deductions plus interest at the policy loan rate will be deducted from the death benefit proceeds. The policy will continue in force during the Grace Period. However, if sufficient premium has not been paid during the Grace Period to continue the policy, it will terminate as of the beginning of the Grace Period. This termination is known as a lapse. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. The Grace Period cannot be preempted by policy termination due to excessive loans.

REINSTATEMENT. This policy may be reinstated within five years after it has lapsed while the Insured is alive and if the policy was not Surrendered for its Surrender Value.

The following requirements are necessary for Reinstatement:

- (1) the Insured provides Us with evidence of insurability satisfactory to Us;
- (2) the Attained Age of the Insured on the date of reinstatement does not exceed the Maximum Attained Age to Reinsure as shown on the Schedule Page;
- (3) payment of all past due Monthly Deductions has been received by Us up until the start of the Grace Period;
- (4) payment of a premium has been received by Us sufficient to keep the policy in force for at least three additional months; and
- (5) repayment or reinstatement of any Policy Debt, including any unpaid interest as provided in the Loan Interest provision.

The Surrender Charges and the Policy Value (including any interest that would have been credited), will be reinstated as if no lapse in coverage had occurred.

The effective date of a reinstated policy will be the day We approve the reinstatement application.

Upon reinstatement, the Incontestability provision will apply from the effective date of reinstatement. If the policy has been in force for two years, it will be contestable only as to statements made in the reinstatement application, and only for a period of two years after the effective date of reinstatement.

POLICY VALUE

The Policy Value on the Date of Issue will be the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any subsequent Monthly Date will be calculated as (a.) plus (b.) minus (c.) minus (d.) and plus (e.) where:

- (a.) is the Policy Value on the preceding Monthly Date;
- (b.) is the premium received since the preceding Monthly Date;
- (c.) are the Monthly Deductions for the policy;
- (d.) is any partial withdrawal plus any Surrender Charge since the preceding Monthly Date;
- (e.) is one month's interest on (a.) plus (b.) minus (c.) minus (d.).

On any day other than a Monthly Date, the Policy Value will be calculated as (a.) plus (b.) minus (d.) using the definitions above, with pro-rata adjustment of interest to reflect the time elapsed since the prior Monthly Date. The Policy Value under the policy is not less than the minimum values and benefits required by the state where this policy is delivered.

POLICY FACTORS

MONTHLY DEDUCTIONS. The Monthly Deductions for any policy month are the cost of insurance, the cost of insurance for any riders, and the expense charges for the policy and any riders.

COST OF INSURANCE. The cost of insurance for the policy is determined at the beginning of a policy month as (a.) multiplied by the amount at risk, which is the result of (b.) minus (c.) where:

- (a.) is the cost of insurance rate as described in the Cost of Insurance Rates section divided by 1,000;
- (b.) is the Death Benefit at the beginning of the month divided by: one plus the Guaranteed Minimum Monthly Credited Interest rate, and
- (c.) is the Policy Value at the beginning of the policy month, reduced by all Monthly Deductions except for the cost of insurance deduction.

The cost of insurance for any rider is calculated according to the provisions of the rider.

COST OF INSURANCE RATES. The monthly cost of insurance rates are based on the Specified Amount of the policy and on the Insured's Issue Age, policy year, gender and premium class. Our expectation of Our future persistency, mortality, expense or interest rate experience will be considered in determining the cost of insurance rates. The cost of insurance rates will not be greater than those shown on the Schedule Page.

We may change the cost of insurance rates on any Monthly Date. We will notify the Owner in writing of any change in the cost of insurance rates. This notice will be given prior to the Monthly Date on which the change becomes effective.

If the cost of insurance rates are changed, the Specified Amount, Issue Age, policy year, gender and premium class of the Insured will be used to compute the cost of insurance rates. This applies to this policy and all other policies of like benefits, provisions, and size, and of the same premium class, gender and policy year.

The cost of insurance rates for any riders are shown on the Schedule Page.

JUVENILE RECLASSIFICATION. For policies issued to juveniles (ages 0-17), We will notify the Insured in writing 60 days before the Insured's Attained Age 18 before changing the monthly cost of insurance to a new premium class. We will assign the Insured a uniform default premium class (Standard Tobacco) if the Insured fails to respond to Our written notification within 60 days. If the Insured responds to Our written notification within 60 days with satisfactory evidence of insurability, the monthly cost of insurance will be based upon the Standard Non-Tobacco premium class.

INTEREST RATE. The Guaranteed Minimum Credited Interest Rate used in the calculation of the Policy Value is shown on the Schedule Page. We may use a higher interest rate. If We do, the interest rate We use for that part of the Policy Value that equals any Policy Debt may be less than the interest rate We use for the remainder of the Policy Value.

POLICY COST FACTORS. We may change the interest rate, subject to the guaranteed interest rate shown on the Schedule Page. We may change the cost of insurance rates and expense charges (Specified Amount charges and premium charges) subject to the maximum rates and charges shown on the Schedule Page. We will determine actual rates and charges based on variable factors which may include, but are not limited to, Our future expectations of mortality, expenses, interest, persistency and taxes. Any changes are limited to cost factor guarantees, will be based on future anticipated or emerging experience and will be determined according to the procedures and standards filed with the insurance supervisory official of the state where this policy is delivered. Any change We make will be on a uniform basis for Insured persons of the same Issue Age, gender, premium class, Specified Amount band, and the length of time coverage has been in force.

ACCESSING POLICY VALUES

Loans, partial withdrawal and Surrenders may be subject to income tax and penalty tax.

LOANS. You may obtain a loan after the first policy year using this policy as the sole security for the loan. We may require You to sign a loan agreement. The maximum loan value is equal to:

- (1) the Cash Value calculated at the date of the loan;
- (2) less any existing Policy Debt;
- (3) less interest on the loan from the date of the loan to the end of the policy year; and
- (4) less the Monthly Deductions times three.

The minimum amount for any loan requested is shown on the Schedule Page. The maximum loan interest rate is shown on the Schedule Page, or is the maximum percentage allowable under the law in the state where this Policy is delivered. We have the option of charging less.

A loan may be paid back in full or in part at any time. Interest accrues daily. If interest is not paid when due, it will be added to the Policy Debt and will bear interest at the rate charged on the loan. The death benefit proceeds and Policy Value will be reduced by any outstanding Policy Debt. If the outstanding Policy Debt exceeds the Cash Value, this policy will terminate.

We may defer making the loan for up to six months except to pay premiums on any policy in force with Us.

PARTIAL WITHDRAWAL. After the first policy year, You may take a partial withdrawal from the Surrender Value of the policy while this policy is in force. The minimum partial withdrawal is shown on the Schedule Page. Any partial withdrawal is subject to the following:

- (1) We must receive Written Notice;
- (2) the partial withdrawal must not exceed 75% of Surrender Value of the policy;
- (3) a Surrender Charge may be deducted, equal to (i.) divided by (ii.), the result of which is multiplied by the total Surrender Charge then outstanding where:
 - i. equals the amount of the partial withdrawal; and
 - ii. equals the Policy Value of the policy;
- (4) the Policy Value will be reduced by the partial withdrawal plus the Surrender Charge; and
- (5) a partial withdrawal charge, as shown on the Schedule Page, may be deducted from the amount of a partial withdrawal for every partial withdrawal.

If Death Benefit Option A is in effect, any partial withdrawal will reduce the Specified Amount by the amount of the partial withdrawal before any Surrender Charge. The remaining Specified Amount may not be less than the minimum Specified Amount shown on the Schedule Page.

We may defer paying a partial withdrawal for up to six months except to pay premiums on any policy in force with Us.

SURRENDER. At any time, You may request the entire Surrender Value. A Surrender is subject to the following:

- (1) We must receive Written Notice;
- (2) a Surrender Charge will be deducted, equal to Specified Amount of insurance multiplied by the total Surrender Charge factors then outstanding as shown on the Schedule Page, if any.
- (3) the Surrender Value will equal the Policy Value minus the Surrender Charge, if any, minus any outstanding Policy Debt. The Surrender Value within 30 days following a Monthly Date will not be less than the value available on the last Monthly Date. Any Surrender available under the policy at any time other than on a Monthly Date will be calculated with allowance for lapse of time from the last preceding Monthly Date.

The Surrender Values under the policy are not less than the minimum values and benefits required by the state in which the Policy is delivered.

We may defer paying a Surrender for up to six months except to pay premiums on any policy in force with Us.

Upon Surrender, this policy will terminate and all insurance will stop.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that You have entered into with Us. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental application; and
- (5) the applicable Schedule Page(s).

We have relied upon the application(s) in issuing this policy. All statements made in the application for issuance or reinstatement, in the absence of fraud are representations and not warranties. No statement will cause this policy to be rescinded or be used in defense of a claim unless it is contained in the written application and such statement is attached to this policy. We have assumed all statements to be true and complete. If any are not, We may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus Policy Debt and any partial withdrawals.

INCONTESTABILITY. We will not contest this policy, in the absence of fraud or the non-payment of premium, after it has been in force during the lifetime of the Insured for two years from the Date of Issue. If an increase in benefit or a rider is added after the Date of Issue, We will not contest the additional benefit or rider after the increase or rider has been in force during the lifetime of the Insured for two years from the effective date of the increase or rider. For an increase in benefit or added rider, Our right to contest this policy will be limited to the amount of the increase and the evidence provided for such increase. For purposes of this section, increased benefits will include any favorable policy changes requested by You.

If this policy lapses for nonpayment of sufficient premiums and is later Reinstated, We will not contest this policy after it has been in force for two years after the effective date of Reinstatement during the Insured's lifetime. We will not contest this policy based upon any statements in the Reinstatement application if the original Incontestability period has not yet expired. Riders to this policy may have separate incontestability provisions.

POLICY CHANGES. You may request policy changes by sending Written Notice to Us. No change in this policy is valid unless it is in writing and is signed by one of Our officers. No agent has authority to change the policy or to waive any of its provisions. The policy will be amended or endorsed to reflect any adjustment and its effect upon policy features.

SUICIDE. If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue (shown on the Schedule Page) the amount We will pay is limited to the premiums paid less any Policy Debt and less any partial withdrawals.

If the Insured dies by suicide, while sane or insane, within two years from the effective date of any requested increase in Specified Amount, the amount We will pay for the additional insurance is limited to the cost of insurance (defined in the Cost of Insurance provision) for such additional amount.

MISSTATEMENT OF AGE OR GENDER. If the age or gender of the Insured has been misstated on an application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent Monthly Date would have purchased at the Insured's correct age and gender.
- (2) If the misstatement is discovered prior to the Insured's death, the Policy Value will be adjusted to reflect the expense charges, Surrender Charges, and cost of insurance rates based on the Insured's correct age and gender from the Policy Date. Any adjustment for misstatement of age or gender will not result in termination of the policy prior to the date of death. A mortality charge and benefits will be extrapolated if the correct age is outside the Issue Age range of this policy.

ASSIGNMENT. You may assign this policy by giving Written Notice. Unless otherwise specified by You, an assignment will be effective the date the Written Notice is signed by You. We will not be responsible for the validity of an assignment. We will not be liable for any payment We make or actions We take before We receive Written Notice of an assignment. An assignment is subject to any Policy Debt.

NONPARTICIPATING POLICY. This policy does not participate in company profits. No dividends will be paid under this policy.

COMPUTATIONS. Minimum Policy Values are based on maximum cost of insurance rates, maximum expense charges and the guaranteed interest rate shown on the Schedule Page. All interest rates shown on the Schedule Page are annual effective rates unless otherwise stated.

BASIS OF GUARANTEED VALUES. The values of this policy will not be less than the minimum values and benefits required by the state where this policy is delivered. The basis of charges and the method of computation has been filed with the insurance supervisory official of the state in which this policy is delivered.

ANNUAL REPORT. At least once a year We will send You an annual report at no charge. The annual report will provide the following information at a time not more than four months prior to the date of mailing for the period since the last report:

- (1) the beginning and ending date of the current report period;
- (2) the Policy Value, Cash Value and Surrender Value at the beginning of the period;
- (3) the Death Benefit on each life covered by the policy, Policy Value, Policy Debt, Cash Value and Surrender Value at the end of the period;
- (4) the current Specified Amount;
- (5) premium payments made, partial withdrawal amounts, Surrender Charges, cost of riders, if any, Monthly Deductions taken and any other charges since the last Annual Report;
- (6) the amount of any policy loan(s) taken since the last Annual Report;

- (7) notice if the Policy Value is insufficient to maintain the policy in force until the end of the next reporting period; and
- (8) any other information required by Your State Insurance Department or by federal law will also be included in the annual report.

The end of the report period will not be more than four months previous to the date of mailing the report.

ILLUSTRATIVE REPORT. You may request a projection of illustrative future benefits and values at any time. There will be no charge for this report on an annual basis. If You request this report more frequently than annually, We will charge a \$30.00 service fee per each additional report.

MATURITY DATE. The policy will mature on the date shown on the Schedule Page. If the Insured is living on the Maturity Date, the Surrender Value will be paid to the Owner, and this policy will terminate.

CONFORMITY WITH STATE LAW. Any provision of the policy that, on the Date of Issue, conflicts with the laws of the state where the policy is delivered, is amended to meet the minimum requirements of such laws. The state law where the application for the policy is taken supersedes any conflicting laws of any other state where the Owner may live on or after the Date of Issue.

TERMINATION. This policy will terminate and all insurance will stop:

- (1) on the date We receive Written Notice to terminate the policy; or
- (2) when a required premium is not received before the end of the Grace Period; or
- (3) when the outstanding Policy Debt exceeds the Cash Value; or
- (4) when the Insured dies; or
- (5) when this policy matures.

PAYMENT OF POLICY BENEFITS

METHOD OF PAYMENT. Policy benefits will be paid in one sum or under an elected payment plan. Benefits of less than \$2,500 may not be applied under any payment plan. The plans available are listed in the next section.

The proceeds of this policy at the time payment will commence will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

PAYMENT PLANS.

- (1) **Installments of Specific Amount (Option 1).** Payment will be made in equal monthly installments of a Specific Amount. They will continue until the benefits with interest are paid. The final payment will not be more than the unpaid balance.
- (2) **Installments of a Specific Period (Option 2).** Payment will be made in equal monthly installments over a period of one to 30 years. Table I shows the amount of each installment for each \$1,000 of benefits.

TABLE I

<u>Years*</u>	<u>Monthly Payment</u>	<u>Years*</u>	<u>Monthly Payment</u>
1	\$84.28	10	\$9.39
2	42.66	15	6.64
3	28.79	20	5.27
4	21.86	25	4.46
5	17.70	30	3.93

* Other years available on request. Payment option rates are based on 2.5% interest.

- (3) **Life Income for a Certain Period (Option 3).** Payment will be made in equal monthly installments for a selected certain period. This period may be for 10, 15 or 20 years. They will continue to be made past this period as long as the payee is alive. Table II shows the amount of each payment for each \$1,000 of benefits. They are based on the age nearest birthday and gender of the payee at the time payments begin. If the payee's age or gender is misstated appropriate changes will be made in the remaining payments. We reserve the right to require proof that a payee is living on any payment due date.

TABLE II

Age*	MALE			FEMALE		
	10 Years	15 Years	20 Years	10 Years	15 Years	20 Years
50	\$3.80	\$3.76	\$3.70	\$3.56	\$3.54	\$3.51
51	3.87	3.82	3.76	3.62	3.59	3.56
52	3.94	3.89	3.81	3.68	3.65	3.61
53	4.01	3.96	3.87	3.74	3.72	3.67
54	4.09	4.03	3.94	3.81	3.78	3.73
55	4.17	4.10	4.00	3.89	3.85	3.79
56	4.26	4.18	4.06	3.96	3.92	3.85
57	4.35	4.26	4.13	4.04	3.99	3.92
58	4.45	4.35	4.19	4.13	4.07	3.98
59	4.55	4.44	4.26	4.22	4.15	4.05
60	4.66	4.53	4.33	4.31	4.24	4.12
61	4.77	4.62	4.40	4.41	4.33	4.20
62	4.89	4.72	4.46	4.51	4.42	4.27
63	5.02	4.81	4.53	4.63	4.52	4.34
64	5.15	4.91	4.60	4.74	4.61	4.42
65	5.28	5.02	4.66	4.87	4.72	4.49
66	5.42	5.12	4.72	5.00	4.82	4.56
67	5.57	5.22	4.78	5.14	4.93	4.63
68	5.72	5.33	4.84	5.28	5.04	4.70
69	5.88	5.43	4.89	5.43	5.16	4.77
70	6.05	5.53	4.94	5.59	5.27	4.83
71	6.21	5.63	4.99	5.76	5.39	4.89
72	6.38	5.73	5.03	5.94	5.50	4.95
73	6.56	5.82	5.07	6.12	5.62	5.00
74	6.73	5.91	5.10	6.31	5.73	5.05
75	6.91	6.00	5.13	6.51	5.83	5.09
76	7.09	6.08	5.16	6.71	5.93	5.12
77	7.27	6.15	5.18	6.91	6.03	5.15
78	7.44	6.22	5.20	7.11	6.11	5.18
79	7.61	6.28	5.22	7.31	6.19	5.20
80	7.78	6.34	5.23	7.51	6.27	5.22

*Other ages available on request.

- (4) **Interest Income (Option 4).** We will hold the benefits for an agreed upon period. During this period we will make monthly interest payments of \$2.46 for each \$1,000 of benefits held by Us. All but not part of the benefits may be withdrawn at any time prior to the end of the agreed period. Payment option rates are based on 2.5% interest.

PAYMENT PLAN ELECTIONS.

- (1) **Right to Elect Payment Plans.** A request for a payment plan must be in writing. It may be elected by:
- a. the Owner during the lifetime of the Insured.
 - b. a primary or contingent Beneficiary to whom benefits become payable, if no election is in effect on the date of death of the Insured.

After a payment plan is effective it cannot be changed.

- (2) **Effective Date.** A plan elected before the benefits are payable will be effective on the date they become payable. If elected after that time, it will be effective when we receive the request for the election at Our Home Office. The first payment under Options 1, 2 and 3 is due on the date the plan becomes effective. Under Option 4 interest will be calculated from that date with the first payment due one month after the plan becomes effective.
- (3) **Amount and Period Limits.** If monthly payments are less than \$10 we may change the frequency of payments to bring the amount of each payment up to at least \$10. Under Options 1, 2 and 4 no election will be for a period longer than 30 years.
- (6) **Payment Frequency.** Instead of monthly payments a quarterly, semiannual or annual frequency may be elected.

PAYMENT PLAN RATES. Benefits will earn interest at an annual effective rate of not less than 2.0%. One year after a plan becomes effective and every year after that this rate may be increased upon approval of Our Board of Directors. Under Option 3, no interest in excess of 2.0% will be paid after all the installments for the selected certain period have been paid.

PAYEES.

- (1) **Death Benefit.** This benefit will be paid to the designated beneficiaries. If any Beneficiary dies before the Insured, the interest of that Beneficiary will be paid to the Owner or the Owner's estate unless otherwise requested.
- (2) **Surrender or Maturity Proceeds.** These proceeds will be paid to the Owner.
- (3) **Assignment.** The interest of any payee will be subject to any assignment regardless of when the assignment is made.

CLAIMS OF CREDITORS. So far as permitted by law, no amount payable under this policy will be subject to the claims of creditors of any payee.

DEATH OF PAYEE UNDER PAYMENT PLANS. If the payee dies before receiving the benefits stated under the payment plan elected we will make a one sum payment to the estate of the payee unless other arrangements have been made in the election. The amount of this payment will be as follows:

- (1) Under Option 1, 2 or 3, it will be the present value at an effective rate of 2.0% of any unpaid installments. Under Option 3 this only applies to the unpaid installments for the selected certain period.
- (2) Under Option 4 it will be the unpaid benefits and any accrued interest.

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FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE PLAN
issued by

KEMPER INVESTORS LIFE INSURANCE COMPANY
whose Home Office address is

[Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Adjustable Death Benefit

Life Insurance Amount Payable at Death of Insured Prior to Maturity

Flexible Premiums Payable During Lifetime of the Insured

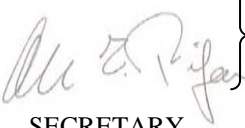
Nonparticipating/No Dividends

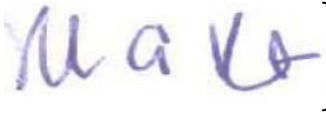
KEMPER INVESTORS LIFE INSURANCE COMPANY

Home Office: [Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Toll Free Telephone Number [(877) 678 -7534]


SECRETARY


PRESIDENT

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

The benefits, Policy Value, period of coverage and premiums for this policy are on an indeterminate basis. The initial interest rate is guaranteed only for a limited period of time.

PLEASE READ THIS POLICY AND REVIEW THE APPLICATION CAREFULLY. This policy is a legal contract between You and Kemper Investors Life Insurance Company. We are issuing this policy based on payment of the Initial Premium and the answers in the application (see attached copy). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify Us within ten (10) days from the date this policy is delivered to You.

This is a flexible premium universal life insurance policy with an adjustable death benefit. We insure the person named as the Insured on the Schedule Page in accordance with the provisions of this policy. We will pay the Death Benefit as described in the Death Benefit provision and in accordance with the Beneficiary provision when We receive due proof of death of the Insured while this policy is in force, subject to the terms of this policy.

RIGHT TO EXAMINE AND CANCEL POLICY.

20-DAY RIGHT TO EXAMINE THIS POLICY. You may cancel this policy by delivering or mailing a Written Notice to Kemper Investors Life Insurance Company, [Schaumburg, Illinois 60196-6801] or sending an e-mail to [life.customercare@zurichna.com], or to the agent or agency from whom You purchased the policy and by returning the policy before midnight of the 20th day after you received the policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments, fees and charges, less partial withdrawals made for this policy within 20 days after it receives notice of cancellation and the returned policy.

If returned, the policy or contract will be considered void from the beginning.

Adjustable Death Benefit
Insurance Amount Payable at Death of Insured Prior to Maturity
Flexible Premiums Payable During Lifetime of the Insured
Nonparticipating/No Dividends

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ENDORSEMENTS

To be made only by Us at Our Home Office.

SCHEDULE PAGE

Policy Number: [1234567890]

Insured: [John Doe]

Issue Age and Gender: [35, Male]

Owner: [John Doe]

Policy Date: [April 1, 2010]
Issue Date: [April 1, 2010]
Maturity Date: [April 1, 2096]

Initial Specified Amount (Excluding Riders): \$[2,500,000]
Minimum Specified Amount: \$ [250,000.00]

Premium Class: [Standard Nontobacco]
[Table Extra: [50.0]% extra cost of insurance [(Table 2)]]
[Flat Extra Charge: \$[15.00] per \$1,000 of amount at risk for [3] years]
Basis of Values: 2001 CSO [Male Nonsmoker] Mortality Table,
Age Nearest Birthday

Guaranteed Minimum Credited Interest Rate: 2.0% Per Year (Equivalent to 0.16516% Per Month)

Planned Periodic Premium: \$[15,482.50]
Premium Frequency: [Annually]
Initial Premium: \$[15,482.50]
Minimum Premium: \$[14,190.70] Per Year for the First 3 Policy Years
Lapse Protection Premium (Account Value A): \$[15,482.50]
Maximum Lapse Protection Period: To Insured Attained Age 121
Guaranteed Premium for Selected
Lapse Protection Benefit Period: \$[15,482.50] for [65] years
Initial Selected Lapse Protection Benefit Period: To Insured Attained Age [100]

Plan: Flexible Premium Adjustable Life
Death Benefit Option: [A]

Issue State: [Pennsylvania]

Department of Insurance Telephone Number: [123-456-7890]

The policy may not mature even if Planned Periodic Premiums are paid because the current cost of insurance and interest rates are not guaranteed, policy loans and partial withdrawals may be taken, and there may be changes to the Specified Amount.

At some future time, the Policy Value may not cover the next Monthly Deductions. When that occurs, the policy may enter the Grace Period and will terminate at the end of that period if sufficient premium to cover the Monthly Deductions is not paid before the end of the Grace Period.

Costs of insurance, expense charges, and other charges for riders and endorsements, if any, are shown on the rider schedule page(s).

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Table of Monthly Guaranteed Cost of Insurance Rates Per \$1,000 of Amount At Risk

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.091	65	31	1.289	95	61	22.266
36	2	0.096	66	32	1.418	96	62	23.649
37	3	0.100	67	33	1.548	97	63	25.124
38	4	0.108	68	34	1.688	98	64	26.698
39	5	0.114	69	35	1.833	99	65	28.378
40	6	0.122	70	36	2.008	100	66	30.175
41	7	0.132	71	37	2.205	101	67	31.601
42	8	0.144	72	38	2.463	102	68	33.120
43	9	0.158	73	39	2.736	103	69	34.737
44	10	0.175	74	40	3.023	104	70	36.457
45	11	0.194	75	41	3.336	105	71	38.261
46	12	0.213	76	42	3.678	106	72	40.179
47	13	0.233	77	43	4.074	107	73	42.218
48	14	0.244	78	44	4.538	108	74	44.386
49	15	0.258	79	45	5.073	109	75	46.688
50	16	0.277	80	46	5.656	110	76	49.133
51	17	0.299	81	47	6.320	111	77	51.728
52	18	0.330	82	48	7.012	112	78	54.483
53	19	0.363	83	49	7.758	113	79	57.409
54	20	0.406	84	50	8.583	114	80	60.513
55	21	0.458	85	51	9.506	115	81	63.806
56	22	0.512	86	52	10.528	116	82	67.299
57	23	0.569	87	53	11.645	117	83	71.004
58	24	0.618	88	54	12.842	118	84	74.935
59	25	0.675	89	55	14.104	119	85	79.102
60	26	0.743	90	56	15.422	120	86	83.333
61	27	0.827	91	57	16.661			
62	28	0.928	92	58	17.953			
63	29	1.043	93	59	19.315			
64	30	1.163	94	60	20.754			

The monthly guaranteed cost of insurance rates shown above are based on the 2001 Commissioner's Standard Ordinary Smoker/Non smoker Mortality Table, Age Nearest Birthday and the Insured's gender and premium class at issue. Actual monthly cost of insurance rates will be determined by Us based on Our expectations as to future experience. However, these actual costs of insurance rate will not be greater than those shown above.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Expense Charges

Guaranteed Maximum Monthly Expense Charges:	\$7.50 Per Policy
Percentage of Premium Expense Charges (Guaranteed Maximum):	7.5% on All Premium Received in All Policy Years
Guaranteed Monthly Policy Load Per \$1,000 Specified Amount:	[\$1.00] All Policy Years

TABLE OF SURRENDER CHARGES FOR POLICY SURRENDER

Year	Charge
1	\$ 46,925.00
2	44,875.00
3	42,775.00
4	40,650.00
5	38,475.00
6	36,250.00
7	34,000.00
8	31,700.00
9	29,350.00
10	26,950.00
11	24,500.00
12	22,000.00
13	19,450.00
14	16,850.00
15	14,200.00
16	11,500.00
17	8,700.00
18	5,875.00
19	2,975.00
20	\$ 0.00
And Thereafter	

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Effective Date: [April 1, 2010]

Death Benefit As A Percentage of Policy Value Table

Attained Age	Percentage	Attained Age	Percentage
0-40	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94-100	101
59	134	101+	100
60	130		

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Minimum Increase in Specified Amount:	\$[50,000.00]
Minimum Decrease in Specified Amount:	\$[25,000.00]
Minimum Planned Periodic Premium:	\$[200.00]
Minimum Partial Withdrawal Amount:	\$[2,000.00]
Minimum Premium Payable For:	[3] Years
Maximum Partial Withdrawal Fee:	\$[50.00]
Maximum Attained Age for an Increase or Reinstatement:	[80]
Maximum Loan Interest Rate:	6.0% (Annual Effective Rate in Arrears)
Minimum Loan Amount:	\$[2,000.00]
Threshold Percentage for Calculation of Lapse Protection Account B Credited Interest:	[150.0]%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A

Lapse Protection Account Value A Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value A Cost of Insurance Rates are only used to determine the balance of Account Value A and have no bearing on the Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table

The Lapse Protection Account Value A premium loads are used to determine the monthly value of Lapse Protection Account A. There are two premium loads. The first Lapse Protection Account Value A premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value A premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	10.00%	31	0.4868%	10.00%	\$49,931.88	10.00%
2	0.4074%	10.00%	30,965.00	10.00%	32	0.4868%	10.00%	54,857.21	10.00%
3	0.4074%	10.00%	30,965.00	10.00%	33	0.5654%	10.00%	59,838.22	10.00%
4	0.4074%	10.00%	30,965.00	10.00%	34	0.5654%	10.00%	65,193.06	10.00%
5	0.4074%	10.00%	30,965.00	10.00%	35	0.6434%	10.00%	70,728.96	10.00%
6	0.4074%	10.00%	30,965.00	10.00%	36	0.6434%	10.00%	77,428.19	10.00%
7	0.4074%	10.00%	30,965.00	10.00%	37	0.7207%	10.00%	84,903.22	10.00%
8	0.4074%	10.00%	30,965.00	10.00%	38	0.7207%	10.00%	94,693.40	10.00%
9	0.4074%	10.00%	30,965.00	10.00%	39	0.7207%	10.00%	104,985.26	10.00%
10	0.4074%	10.00%	30,965.00	10.00%	40	0.7207%	10.00%	115,773.27	10.00%
11	0.4074%	10.00%	30,965.00	10.00%	41	0.7207%	10.00%	127,519.43	10.00%
12	0.4074%	10.00%	30,965.00	10.00%	42	0.7974%	10.00%	140,273.90	10.00%
13	0.4074%	10.00%	30,965.00	10.00%	43	0.7974%	10.00%	155,011.45	10.00%
14	0.4074%	10.00%	30,965.00	10.00%	44	0.7974%	10.00%	172,131.08	10.00%
15	0.4074%	10.00%	30,965.00	10.00%	45	0.7974%	10.00%	191,772.37	10.00%
16	0.4074%	10.00%	30,965.00	10.00%	46	0.8735%	10.00%	213,034.99	10.00%
17	0.4074%	10.00%	30,965.00	10.00%	47	0.8735%	10.00%	237,051.09	10.00%
18	0.4074%	10.00%	30,965.00	10.00%	48	0.8735%	10.00%	261,845.19	10.00%
19	0.4074%	10.00%	30,965.00	10.00%	49	0.8735%	10.00%	288,336.07	10.00%
20	0.4074%	10.00%	30,965.00	10.00%	50	0.8735%	10.00%	317,374.84	10.00%
21	0.4074%	10.00%	30,965.00	10.00%	51	0.9489%	10.00%	349,452.17	10.00%
22	0.4074%	10.00%	30,965.00	10.00%	52	0.9489%	10.00%	384,567.72	10.00%
23	0.4074%	10.00%	30,965.00	10.00%	53	0.9489%	10.00%	422,397.46	10.00%
24	0.4074%	10.00%	30,965.00	10.00%	54	0.9489%	10.00%	462,344.02	10.00%
25	0.4074%	10.00%	30,965.00	10.00%	55	0.9489%	10.00%	503,833.50	10.00%
26	0.4074%	10.00%	30,965.00	10.00%	56	1.0237%	10.00%	546,426.24	10.00%
27	0.4074%	10.00%	32,113.77	10.00%	57	1.0237%	10.00%	585,841.48	10.00%
28	0.4074%	10.00%	36,039.66	10.00%	58	1.0237%	10.00%	626,272.51	10.00%
29	0.4074%	10.00%	40,442.11	10.00%	59	1.0237%	10.00%	668,210.22	10.00%
30	0.4074%	10.00%	45,062.53	10.00%	60	1.0237%	10.00%	711,729.74	10.00%

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value A Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate	Load Below Annual Threshold Premium	Annual Premium	Load Above Annual Threshold Premium
61	1.0237%	10.00%	\$756,597.82	10.00%	76	1.0237%	10.00%	\$1,427,530.52	10.00%
62	1.0237%	10.00%	796,914.29	10.00%	77	1.0237%	10.00%	1,481,309.05	10.00%
63	1.0237%	10.00%	839,138.03	10.00%	78	1.0237%	10.00%	1,536,547.09	10.00%
64	1.0237%	10.00%	883,340.45	10.00%	79	1.0237%	10.00%	1,593,212.28	10.00%
65	1.0237%	10.00%	929,563.60	10.00%	80	1.0237%	10.00%	1,651,152.04	10.00%
66	1.0237%	10.00%	977,931.75	10.00%	81	1.0237%	10.00%	1,710,299.99	10.00%
67	1.0237%	10.00%	1,015,550.54	10.00%	82	1.0237%	10.00%	1,770,519.10	10.00%
68	1.0237%	10.00%	1,054,901.66	10.00%	83	1.0237%	10.00%	1,831,678.31	10.00%
69	1.0237%	10.00%	1,095,967.48	10.00%	84	1.0237%	10.00%	1,893,661.19	10.00%
70	1.0237%	10.00%	1,138,760.38	10.00%	85	1.0237%	10.00%	1,956,258.24	10.00%
71	1.0237%	10.00%	1,182,675.09	10.00%	86	1.0237%	10.00%	2,016,733.09	10.00%
72	1.0237%	10.00%	1,228,303.38	10.00%					
73	1.0237%	10.00%	1,275,632.10	10.00%					
74	1.0237%	10.00%	1,324,649.35	10.00%					
75	1.0237%	10.00%	1,375,305.02	10.00%					

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B

Lapse Protection Account Value B Monthly Cost of Insurance Rates Per \$1,000

The Lapse Protection Account Value B Cost of Insurance Rates are only used to determine the balance of Account Value B and have no bearing on Policy Value, Cash Value, or Surrender Value.

Age	Policy Year	Rate	Age	Policy Year	Rate	Age	Policy Year	Rate
35	1	0.076	65	31	1.084	95	61	18.728
36	2	0.081	66	32	1.192	96	62	19.891
37	3	0.084	67	33	1.302	97	63	21.132
38	4	0.090	68	34	1.419	98	64	22.456
39	5	0.096	69	35	1.541	99	65	23.869
40	6	0.102	70	36	1.689	100	66	25.380
41	7	0.111	71	37	1.855	101	67	26.580
42	8	0.121	72	38	2.072	102	68	27.857
43	9	0.133	73	39	2.301	103	69	29.217
44	10	0.147	74	40	2.542	104	70	30.664
45	11	0.163	75	41	2.806	105	71	32.181
46	12	0.179	76	42	3.093	106	72	33.795
47	13	0.196	77	43	3.427	107	73	35.510
48	14	0.205	78	44	3.817	108	74	37.333
49	15	0.217	79	45	4.266	109	75	39.270
50	16	0.233	80	46	4.757	110	76	41.326
51	17	0.252	81	47	5.316	111	77	43.509
52	18	0.278	82	48	5.898	112	78	45.826
53	19	0.306	83	49	6.525	113	79	48.287
54	20	0.341	84	50	7.219	114	80	50.897
55	21	0.386	85	51	7.995	115	81	53.667
56	22	0.430	86	52	8.855	116	82	56.606
57	23	0.479	87	53	9.795	117	83	59.722
58	24	0.520	88	54	10.801	118	84	63.028
59	25	0.568	89	55	11.863	119	85	66.533
60	26	0.625	90	56	12.971	120	86	70.092
61	27	0.695	91	57	14.013			
62	28	0.781	92	58	15.100			
63	29	0.877	93	59	16.246			
64	30	0.978	94	60	17.456			

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table

The Lapse Protection Account Value B premium loads are used to determine the monthly value of Lapse Protection Account B. There are two premium loads. The first Lapse Protection Account Value B premium load is a percentage of the premium amount that falls below the Annual Threshold Premium, The second Lapse Protection Account Value B premium load is a percentage of the premium amount that exceeds the Annual Threshold Premium.

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
1	0.4074%	10.00%	\$30,965.00	15.25%	31	0.4074%	10.00%	\$49,931.88	16.00%
2	0.4074%	10.00%	30,965.00	10.75%	32	0.4074%	10.00%	54,857.21	16.00%
3	0.4074%	10.00%	30,965.00	10.75%	33	0.4074%	10.00%	59,838.22	16.00%
4	0.4074%	10.00%	30,965.00	10.75%	34	0.4074%	10.00%	65,193.06	16.00%
5	0.4074%	10.00%	30,965.00	10.75%	35	0.4074%	10.00%	70,728.96	16.00%
6	0.4074%	10.00%	30,965.00	16.00%	36	0.4074%	10.00%	77,428.19	16.00%
7	0.4074%	10.00%	30,965.00	16.00%	37	0.4074%	10.00%	84,903.22	16.00%
8	0.4074%	10.00%	30,965.00	16.00%	38	0.4074%	10.00%	94,693.40	16.00%
9	0.4074%	10.00%	30,965.00	16.00%	39	0.4074%	10.00%	104,985.26	16.00%
10	0.4074%	10.00%	30,965.00	16.00%	40	0.4074%	10.00%	115,773.27	16.00%
11	0.4074%	10.00%	30,965.00	16.00%	41	0.4074%	10.00%	127,519.43	16.00%
12	0.4074%	10.00%	30,965.00	16.00%	42	0.4074%	10.00%	140,273.90	16.00%
13	0.4074%	10.00%	30,965.00	16.00%	43	0.4074%	10.00%	155,011.45	16.00%
14	0.4074%	10.00%	30,965.00	16.00%	44	0.4074%	10.00%	172,131.08	16.00%
15	0.4074%	10.00%	30,965.00	16.00%	45	0.4074%	10.00%	191,772.37	16.00%
16	0.4074%	10.00%	30,965.00	16.00%	46	0.4074%	10.00%	213,034.99	16.00%
17	0.4074%	10.00%	30,965.00	16.00%	47	0.4074%	10.00%	237,051.09	16.00%
18	0.4074%	10.00%	30,965.00	16.00%	48	0.4074%	10.00%	261,845.19	16.00%
19	0.4074%	10.00%	30,965.00	16.00%	49	0.4074%	10.00%	288,336.07	16.00%
20	0.4074%	10.00%	30,965.00	16.00%	50	0.4074%	10.00%	317,374.84	16.00%
21	0.4074%	10.00%	30,965.00	16.00%	51	0.4074%	10.00%	349,452.17	16.00%
22	0.4074%	10.00%	30,965.00	16.00%	52	0.4074%	10.00%	384,567.72	16.00%
23	0.4074%	10.00%	30,965.00	16.00%	53	0.4074%	10.00%	422,397.46	16.00%
24	0.4074%	10.00%	30,965.00	16.00%	54	0.4074%	10.00%	462,344.02	16.00%
25	0.4074%	10.00%	30,965.00	16.00%	55	0.4074%	10.00%	503,833.50	16.00%
26	0.4074%	10.00%	30,965.00	16.00%	56	0.4074%	10.00%	546,426.24	16.00%
27	0.4074%	10.00%	32,113.77	16.00%	57	0.4074%	10.00%	585,841.48	16.00%
28	0.4074%	10.00%	36,039.66	16.00%	58	0.4074%	10.00%	626,272.51	16.00%
29	0.4074%	10.00%	40,442.11	16.00%	59	0.4074%	10.00%	668,210.22	16.00%
30	0.4074%	10.00%	45,062.53	16.00%	60	0.4074%	10.00%	711,729.74	16.00%

* [4.0%] Monthly for that portion of Lapse Protection Account Value B that is greater than [150%] of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

SCHEDULE PAGE (Continued)

Lapse Protection Account Value B Credited Interest and Premium Load Table, Continued

Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium	Policy Year	Monthly Credited Interest Rate*	Load Below Annual Threshold Premium	Annual Threshold Premium	Load Above Annual Threshold Premium
61	0.4074%	10.00%	\$756,597.82	16.00%	76	0.4074%	10.00%	\$1,427,530.52	16.00%
62	0.4074%	10.00%	796,914.29	16.00%	77	0.4074%	10.00%	1,481,309.05	16.00%
63	0.4074%	10.00%	839,138.03	16.00%	78	0.4074%	10.00%	1,536,547.09	16.00%
64	0.4074%	10.00%	883,340.45	16.00%	79	0.4074%	10.00%	1,593,212.28	16.00%
65	0.4074%	10.00%	929,563.60	16.00%	80	0.4074%	10.00%	1,651,152.04	16.00%
66	0.4074%	10.00%	977,931.75	16.00%	81	0.4074%	10.00%	1,710,299.99	16.00%
67	0.4074%	10.00%	1,015,550.54	16.00%	82	0.4074%	10.00%	1,770,519.10	16.00%
68	0.4074%	10.00%	1,054,901.66	16.00%	83	0.4074%	10.00%	1,831,678.31	16.00%
69	0.4074%	10.00%	1,095,967.48	16.00%	84	0.4074%	10.00%	1,893,661.19	16.00%
70	0.4074%	10.00%	1,138,760.38	16.00%	85	0.4074%	10.00%	1,956,258.24	16.00%
71	0.4074%	10.00%	1,182,675.09	16.00%	86	0.4074%	10.00%	2,016,733.09	16.00%
72	0.4074%	10.00%	1,228,303.38	16.00%					
73	0.4074%	10.00%	1,275,632.10	16.00%					
74	0.4074%	10.00%	1,324,649.35	16.00%					
75	0.4074%	10.00%	1,375,305.02	16.00%					

* [4.0]% Monthly for that portion of Lapse Protection Account Value B that is greater than [150]% of Account Value A as described in the Lapse Protection Benefit Rider.

Kemper Investors Life Insurance Company

DEFINITIONS

Defined terms are capitalized throughout this policy.

ATTAINED AGE. Means the Issue Age plus the number of completed policy years. With respect to any increase in the Specified Amount, Attained Age means the Issue Age for the increase plus the number of completed policy years.

CASH VALUE. Means the Policy Value less the Surrender Charge as described on the Schedule Page.

DATE OF ISSUE. Means the date on which the suicide and incontestability periods begin. If We have received the Initial Premium from You, the Date of Issue will also be the date when You have life insurance coverage with Us. If We have not received the Initial Premium from You, You WILL NOT have coverage until the date on which We receive the Initial Premium from You.

HOME AREA. Means anywhere within the 50 states of the United States and its territories, the District of Columbia and Canada.

INITIAL PREMIUM. Means the first premium paid under this policy and as described on the Schedule Page.

INSURED. Means the person shown on the Schedule Page upon whose life this policy is issued.

ISSUE AGE. Means the Insured's age as of the nearest birthday on the Policy Date. With respect to any increase in the Specified Amount, Issue Age means the Insured's age as of the nearest birthday to the date of the increase.

MATURITY DATE. Means the date on which this policy will mature as shown on the Schedule Page.

MINIMUM PREMIUM. Means a premium used to define a required level of premium payments during the first three policy years.

MONTHLY DATE. Means the same day of each month as the Policy Date.

MONTHLY DEDUCTIONS. Means charges made against the Policy Value on each Monthly Date for the coverage provided by this policy and any attached riders.

OWNER. The natural person or entity who has the rights of ownership of this policy.

PLANNED PERIODIC PREMIUM. Means a level premium You intend to pay at a fixed interval. The Planned Periodic Premium is shown on the Schedule Page.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The Policy Date will be determined by Us unless You request a different Policy Date that We approve. If the Date of Issue is after the Policy Date or We have not received the Initial Premium from You, You WILL NOT have life insurance coverage on the Policy Date. The insurance age of the Insured is Issue Age on the Policy Date.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans. If the Policy Debt equals or exceeds the Cash Value, this policy will terminate and have no value subject to the terms of the Grace Period, Premiums and Reinstatement provisions.

POLICY VALUE. On the Date of Issue, is equal to the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any monthly anniversary will be calculated as described in the Policy Values section of this policy.

SPECIFIED AMOUNT. Means a dollar amount used to determine the death benefit of Your policy. It is shown on the Schedule Page. You may increase or decrease it as described in Your policy.

SURRENDER. Means termination of this policy at Your request for its Surrender Value while the Insured is alive.

SURRENDER CHARGE. Means the charge subtracted from the Policy Value on the Surrender of this policy and as shown on the Schedule Page.

SURRENDER VALUE. Means the Policy Value, minus Surrender Charges, minus any Policy Debt. If the full Surrender Value is withdrawn, this policy will terminate. This termination is known as Surrender.

WE, US, OUR. Means Kemper Investors Life Insurance Company.

WRITTEN NOTICE, Means information We have received at the address(es) shown on the first page of this policy which is written, is signed by You, and is acceptable to Us.

YOU, YOUR. Means the owner as shown on the Schedule Page unless change. The Insured may or may not be the Owner.

OWNERSHIP

The Insured is the Owner unless otherwise stated in the application or later changed. If the Owner dies before the Insured, the successor Owner named in the application is the new Owner. If there is no successor Owner, then the Owner's estate becomes the new Owner. The Owner, or successor or transferee has all rights in this policy. All policy rights will be subject to any assignment and to the rights of any irrevocable Beneficiary. These rights may be exercised only during the lifetime of the Insured.

Subject to any legal or contractual restrictions, Ownership of this policy may be transferred at any time by Written Notice to Us. The transfer will then be effective as of the date it was signed, but it will not apply to any payments We make before the request is received and recorded by Us. Our approval is necessary if the new Owner elects a decrease in the Specified Amount or seeks division of the policy in conjunction with a change of Owner.

BENEFICIARY

The Beneficiary will receive the death benefit proceeds when the Insured dies while this policy is in effect. The primary and any contingent Beneficiaries are named in the application or subsequent Beneficiary forms accepted by Us. If no primary Beneficiary is living when the Insured dies, We will make payment to the contingent Beneficiary. If no contingent Beneficiary is living when the Insured dies, We will pay You or Your estate.

Unless the Beneficiary designation provides otherwise, We will follow these rules:

- (1) We will pay equal shares when more than one Beneficiary of the same class is to share the funds.
- (2) No revocable Beneficiary has rights in this policy until the Insured dies.
- (3) An irrevocable Beneficiary cannot be changed without his or her consent.
- (4) The interest of any Beneficiary is subject to the rights of any assignee shown on Our records.

You may change the Beneficiary at any time while the Insured is living by sending Written Notice during the lifetime of the Insured. Unless otherwise specified by You, a change of Beneficiary will be effective on the date the Written Notice is signed by You. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. No change is effective until after We have approved it. If approved, it will take effect on the date the Written Notice was signed by You. We will not be liable for any payments We make or action We take before the change is received.

Unless otherwise provided, if any Beneficiary dies within five days after the Insured dies as the result of a common disaster, We will pay the death benefit as if that Beneficiary died first.

A transfer of ownership of itself will not change the interest of any Beneficiary.

DEATH BENEFIT

We will pay the death benefit proceeds if the Insured dies while this policy is in force, subject to the terms and conditions of this policy. The death benefit is based upon the Death Benefit Option as shown on the Schedule Page.

1. Option A. The Policy Value (as defined in the Policy Value provision) is included in the Specified Amount. If death occurs prior to the Policy Date following the Insured's Attained Age 121, the Death Benefit will be the greater of:
 - (a) the Specified Amount on the date of death; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit As A Percentage of Policy Value Table on the Schedule Page.
2. Option C. The death benefit will be the greater of:
 - (a) the Specified Amount on the date of death, plus the total of all the premiums paid into this policy as of the date of death, less the amount of all Partial Withdrawals taken since the Date of Issue; or
 - (b) the Policy Value on the date of death multiplied by the percentage at the Insured's Attained Age as shown in the Death Benefit as a Percentage of Policy Value Table on the Schedule Page.

Under Option A or Option C, the death benefit will be reduced by outstanding Policy Debt, if any.

Payment of death benefit proceeds will be made after We receive due proof of death.

Payment of the death benefit proceeds is subject to the interest of any assignee. Death benefit proceeds paid to satisfy any assignee will be paid in one sum. If no Beneficiary survives, We will pay the death benefit proceeds in one sum to You, if You are living; otherwise to Your estate. You may choose another method of payment with Our consent.

MINIMUM SPECIFIED AMOUNT. The minimum Specified Amount permitted under this policy is shown on the Schedule Page.

CHANGE IN SPECIFIED AMOUNT. At any time after the first year, upon Written Notice by the Owner, the Specified Amount may be changed, subject to the following:

Specified Amount Decrease.

- (1) The minimum decrease amount is \$25,000.
- (2) Any decreases will be effective on the Monthly Date on or next following the receipt of the request by Us. A decrease will be applied in the following order:
 - a. first against any increase in the Specified Amount beginning with the most recent increase, and then,
 - b. against the initial Specified Amount.
- (3) The Specified Amount remaining in force after any requested decrease may not be less than the minimum Specified Amount shown on the Schedule Page.
- (4) A decrease in the Specified Amount will decrease any future Minimum Premiums and result in a Surrender Charge equal to a percentage of a full Surrender Charge. This percentage will equal the proportion that the Specified Amount Decrease bears to the highest previous Specified Amount before the decrease.

Specified Amount Increase.

- (1) The minimum increase amount is \$50,000.
- (2) A supplemental application must be submitted to Us.
- (3) Any increases will be subject to evidence of insurability satisfactory to Us.
- (4) The effective date of any increase will be the date shown on a supplemental Schedule Page.
- (5) An increase in the Specified Amount will increase future Minimum Premiums and Surrender Charges. Surrender Charges on the increased amount will be calculated based upon the Attained Age at the time of increase and added to those shown on the Schedule Page. Increases in the Insured's Cost of Insurance Charges will be based on the Insured's gender, premium class, Specified Amount and age at the time of the increase.

We will send a new Schedule Page to You at Your last known address documenting any changes in the Specified Amount.

EXCLUSIONS

Unless at the time of application the Insured discloses that he or she is an active or inactive member of the military, military reserves, or the National Guard, We will exclude death benefits under this policy if the Insured's death is the result of:

- (1) War or act of war, if the cause of death occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces or within six months after termination of services in such forces.
- (2) War or an act of war while the Insured is serving in any civilian non-combatant unit serving within the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
- (3) War or an act of war, within two years from the date of issue of the policy, while the Insured is not serving in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the Insured is outside the Home Area, provided such death occurs outside the home area or within six months after the Insured's return to the Home Area.

If an exclusion applies, We will pay policy proceeds to the Beneficiary in an amount not less than a reserve determined according to the Commissioner's reserve valuation method upon the basis of the mortality table and interest rate specified in the policy for the calculation of nonforfeiture benefits, or if the policy provides for no such benefits, computed according to a mortality table and interest rate determined by Us and specified in the policy, with adjustment for Policy Debt.

PREMIUMS

PAYMENT OF PREMIUM. The Initial Premium is the amount paid on or before delivery of this policy and is paid before the Date of Issue. The Planned Periodic Premium is shown on the Schedule Page. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. If the amount of premium received by Us is not sufficient to keep the policy in force, the policy will terminate according to the provisions of the policy.

The premium frequency is shown on the Schedule Page and only serves as an indication of Your preference as to probable future frequency of payment. You may change the frequency of Planned Periodic Premium payments at any time. You also may make additional and unscheduled payments at any time before the Maturity Date subject to Our right to limit the amount and frequency of premium payments. We reserve the right to require evidence of insurability if You make additional and unscheduled payments at any time before the Maturity Date which result in an increase in Our amount at risk. Each premium payment will be credited by Us as described in the Policy Value provision.

At all points during the first three policy years, You are required to have paid cumulative premiums at least equal to the number of months started since the Policy Date multiplied by the Minimum Premium shown on the Schedule Page, divided by 12. If You fail to satisfy this requirement within 31 days of Our notification to You, the policy will terminate and any Surrender Value will be paid to You.

We will not accept any premium if it causes the policy to fail the Guideline Premium Requirements for a life insurance policy as defined in Section 7702 of the Internal Revenue Code on the Date of Issue. If a premium in excess of the Guideline Premium limitation is received, We will refund the excess amount to the Owner unless the Owner has given other instructions to Us in writing which We have accepted and acknowledged. However, premium will not be refunded if it is necessary to keep the policy in force.

Premium payments may be made to the administrative office shown on the first page of this policy or to such other place as We may designate. A receipt signed by Our President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the Policy Value is no longer sufficient to cover the Monthly Deductions. We reserve the right to limit the premiums payable under this policy. Such premium limitation will apply to all policy owners in a nondiscriminatory manner. Premium payments must be clearly marked as "Premium Payment," otherwise they will first be applied as loan repayments if there is any outstanding Policy Debt.

GRACE PERIOD. If, on any Monthly Date, the Policy Value is less than zero, You will have a 61-day Grace Period to make a premium payment to continue this policy. The premium required to continue this policy is no more than that which results in a Policy Value on the date the Grace Period begins. That amount equals the current Monthly Deductions plus the next two Monthly Deductions.

We will send a written notification 31 days before the end of the Grace Period to the Owner's last known address and any assignee of record according to Our records. Insurance coverage under this policy and any benefits provided by any rider(s) will continue through the Grace Period. If the Insured dies during the Grace Period, any past due Monthly Deductions plus interest at the policy loan rate will be deducted from the death benefit proceeds. The policy will continue in force during the Grace Period. However, if sufficient premium has not been paid during the Grace Period to continue the policy, it will terminate as of the beginning of the Grace Period. This termination is known as a lapse. Even if You pay Planned Periodic Premiums, Your policy could lapse if the Policy Value is not enough to pay the Monthly Deductions. The Grace Period cannot be preempted by policy termination due to excessive loans.

REINSTATEMENT. This policy may be reinstated within five years after it has lapsed while the Insured is alive and if the policy was not Surrendered for its Surrender Value.

The following requirements are necessary for Reinstatement:

- (1) the Insured provides Us with evidence of insurability satisfactory to Us;
- (2) the Attained Age of the Insured on the date of reinstatement does not exceed the Maximum Attained Age to Reinsure as shown on the Schedule Page;
- (3) payment of all past due Monthly Deductions has been received by Us up until the start of the Grace Period;
- (4) payment of a premium has been received by Us sufficient to keep the policy in force for at least three additional months; and
- (5) repayment or reinstatement of any Policy Debt, including any unpaid interest as provided in the Loan Interest provision.

The Surrender Charges and the Policy Value (including any interest that would have been credited), will be reinstated as if no lapse in coverage had occurred.

The effective date of a reinstated policy will be the day We approve the reinstatement application.

Upon reinstatement, the Incontestability provision will apply from the effective date of reinstatement. If the policy has been in force for two years, it will be contestable only as to statements made in the reinstatement application, and only for a period of two years after the effective date of reinstatement.

POLICY VALUE

The Policy Value on the Date of Issue will be the Initial Premium less the Monthly Deductions for the first month. The Policy Value on any subsequent Monthly Date will be calculated as (a.) plus (b.) minus (c.) minus (d.) and plus (e.) where:

- (a.) is the Policy Value on the preceding Monthly Date;
- (b.) is the premium received since the preceding Monthly Date;
- (c.) are the Monthly Deductions for the policy;
- (d.) is any partial withdrawal plus any Surrender Charge since the preceding Monthly Date;
- (e.) is one month's interest on (a.) plus (b.) minus (c.) minus (d.).

On any day other than a Monthly Date, the Policy Value will be calculated as (a.) plus (b.) minus (d.) using the definitions above, with pro-rata adjustment of interest to reflect the time elapsed since the prior Monthly Date. The Policy Value under the policy is not less than the minimum values and benefits required by the state where this policy is delivered.

POLICY FACTORS

MONTHLY DEDUCTIONS. The Monthly Deductions for any policy month are the cost of insurance, the cost of insurance for any riders, and the expense charges for the policy and any riders.

COST OF INSURANCE. The cost of insurance for the policy is determined at the beginning of a policy month as (a.) multiplied by the amount at risk, which is the result of (b.) minus (c.) where:

- (a.) is the cost of insurance rate as described in the Cost of Insurance Rates section divided by 1,000;
- (b.) is the Death Benefit at the beginning of the month divided by: one plus the Guaranteed Minimum Monthly Credited Interest rate, and
- (c.) is the Policy Value at the beginning of the policy month, reduced by all Monthly Deductions except for the cost of insurance deduction.

The cost of insurance for any rider is calculated according to the provisions of the rider.

COST OF INSURANCE RATES. The monthly cost of insurance rates are based on the Specified Amount of the policy and on the Insured's Issue Age, policy year, gender and premium class. Our expectation of Our future persistency, mortality, expense or interest rate experience will be considered in determining the cost of insurance rates. The cost of insurance rates will not be greater than those shown on the Schedule Page.

We may change the cost of insurance rates on any Monthly Date. We will notify the Owner in writing of any change in the cost of insurance rates. This notice will be given prior to the Monthly Date on which the change becomes effective.

If the cost of insurance rates are changed, the Specified Amount, Issue Age, policy year, gender and premium class of the Insured will be used to compute the cost of insurance rates. This applies to this policy and all other policies of like benefits, provisions, and size, and of the same premium class, gender and policy year.

The cost of insurance rates for any riders are shown on the Schedule Page.

JUVENILE RECLASSIFICATION. For policies issued to juveniles (ages 0-17), We will notify the Insured in writing 60 days before the Insured's Attained Age 18 before changing the monthly cost of insurance to a new premium class. We will assign the Insured a uniform default premium class (Standard Tobacco) if the Insured fails to respond to Our written notification within 60 days. If the Insured responds to Our written notification within 60 days with satisfactory evidence of insurability, the monthly cost of insurance will be based upon the Standard Non-Tobacco premium class.

INTEREST RATE. The Guaranteed Minimum Credited Interest Rate used in the calculation of the Policy Value is shown on the Schedule Page. We may use a higher interest rate. If We do, the interest rate We use for that part of the Policy Value that equals any Policy Debt may be less than the interest rate We use for the remainder of the Policy Value.

POLICY COST FACTORS. We may change the interest rate, subject to the guaranteed interest rate shown on the Schedule Page. We may change the cost of insurance rates and expense charges (Specified Amount charges and premium charges) subject to the maximum rates and charges shown on the Schedule Page. We will determine actual rates and charges based on variable factors which may include, but are not limited to, Our future expectations of mortality, expenses, interest, persistency and taxes. Any changes are limited to cost factor guarantees, will be based on future anticipated or emerging experience and will be determined according to the procedures and standards filed with the insurance supervisory official of the state where this policy is delivered. Any change We make will be on a uniform basis for Insured persons of the same Issue Age, gender, premium class, Specified Amount band, and the length of time coverage has been in force.

ACCESSING POLICY VALUES

Loans, partial withdrawal and Surrenders may be subject to income tax and penalty tax.

LOANS. You may obtain a loan after the first policy year using this policy as the sole security for the loan. We may require You to sign a loan agreement. The maximum loan value is equal to:

- (1) the Cash Value calculated at the date of the loan;
- (2) less any existing Policy Debt;
- (3) less interest on the loan from the date of the loan to the end of the policy year; and
- (4) less the Monthly Deductions times three.

The minimum amount for any loan requested is shown on the Schedule Page. The maximum loan interest rate is shown on the Schedule Page, or is the maximum percentage allowable under the law in the state where this Policy is delivered. We have the option of charging less.

A loan may be paid back in full or in part at any time. Interest accrues daily. If interest is not paid when due, it will be added to the Policy Debt and will bear interest at the rate charged on the loan. The death benefit proceeds and Policy Value will be reduced by any outstanding Policy Debt. If the outstanding Policy Debt exceeds the Cash Value, this policy will terminate.

We may defer making the loan for up to six months except to pay premiums on any policy in force with Us.

PARTIAL WITHDRAWAL. After the first policy year, You may take a partial withdrawal from the Surrender Value of the policy while this policy is in force. The minimum partial withdrawal is shown on the Schedule Page. Any partial withdrawal is subject to the following:

- (1) We must receive Written Notice;
- (2) the partial withdrawal must not exceed 75% of Surrender Value of the policy;
- (3) a Surrender Charge may be deducted, equal to (i.) divided by (ii.), the result of which is multiplied by the total Surrender Charge then outstanding where:
 - i. equals the amount of the partial withdrawal; and
 - ii. equals the Policy Value of the policy;
- (4) the Policy Value will be reduced by the partial withdrawal plus the Surrender Charge; and
- (5) a partial withdrawal charge, as shown on the Schedule Page, may be deducted from the amount of a partial withdrawal for every partial withdrawal.

If Death Benefit Option A is in effect, any partial withdrawal will reduce the Specified Amount by the amount of the partial withdrawal before any Surrender Charge. The remaining Specified Amount may not be less than the minimum Specified Amount shown on the Schedule Page.

We may defer paying a partial withdrawal for up to six months except to pay premiums on any policy in force with Us.

SURRENDER. At any time, You may request the entire Surrender Value. A Surrender is subject to the following:

- (1) We must receive Written Notice;
- (2) a Surrender Charge will be deducted, equal to Specified Amount of insurance multiplied by the total Surrender Charge factors then outstanding as shown on the Schedule Page, if any.
- (3) the Surrender Value will equal the Policy Value minus the Surrender Charge, if any, minus any outstanding Policy Debt. The Surrender Value within 30 days following a Monthly Date will not be less than the value available on the last Monthly Date. Any Surrender available under the policy at any time other than on a Monthly Date will be calculated with allowance for lapse of time from the last preceding Monthly Date.

The Surrender Values under the policy are not less than the minimum values and benefits required by the state in which the Policy is delivered.

We may defer paying a Surrender for up to six months except to pay premiums on any policy in force with Us.

Upon Surrender, this policy will terminate and all insurance will stop.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that You have entered into with Us. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental application; and
- (5) the applicable Schedule Page(s).

We have relied upon the application(s) in issuing this policy. All statements made in the application for issuance or reinstatement, in the absence of fraud are representations and not warranties. No statement will cause this policy to be rescinded or be used in defense of a claim unless it is contained in the written application and such statement is attached to this policy. We have assumed all statements to be true and complete. If any are not, We may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus Policy Debt and any partial withdrawals.

INCONTESTABILITY. We will not contest this policy, in the absence of fraud or the non-payment of premium, after it has been in force during the lifetime of the Insured for two years from the Date of Issue. If an increase in benefit or a rider is added after the Date of Issue, We will not contest the additional benefit or rider after the increase or rider has been in force during the lifetime of the Insured for two years from the effective date of the increase or rider. For an increase in benefit or added rider, Our right to contest this policy will be limited to the amount of the increase and the evidence provided for such increase. For purposes of this section, increased benefits will include any favorable policy changes requested by You.

If this policy lapses for nonpayment of sufficient premiums and is later Reinstated, We will not contest this policy after it has been in force for two years after the effective date of Reinstatement during the Insured's lifetime. We will not contest this policy based upon any statements in the Reinstatement application if the original Incontestability period has not yet expired. Riders to this policy may have separate incontestability provisions.

POLICY CHANGES. You may request policy changes by sending Written Notice to Us. No change in this policy is valid unless it is in writing and is signed by one of Our officers. No agent has authority to change the policy or to waive any of its provisions. The policy will be amended or endorsed to reflect any adjustment and its effect upon policy features.

SUICIDE. If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue (shown on the Schedule Page) the amount We will pay is limited to the premiums paid less any Policy Debt and less any partial withdrawals.

If the Insured dies by suicide, while sane or insane, within two years from the effective date of any requested increase in Specified Amount, the amount We will pay for the additional insurance is limited to the cost of insurance (defined in the Cost of Insurance provision) for such additional amount.

MISSTATEMENT OF AGE OR GENDER. If the age or gender of the Insured has been misstated on an application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent Monthly Date would have purchased at the Insured's correct age and gender.
- (2) If the misstatement is discovered prior to the Insured's death, the Policy Value will be adjusted to reflect the expense charges, Surrender Charges, and cost of insurance rates based on the Insured's correct age and gender from the Policy Date. Any adjustment for misstatement of age or gender will not result in termination of the policy prior to the date of death. A mortality charge and benefits will be extrapolated if the correct age is outside the Issue Age range of this policy.

ASSIGNMENT. You may assign this policy by giving Written Notice. Unless otherwise specified by You, an assignment will be effective the date the Written Notice is signed by You. We will not be responsible for the validity of an assignment. We will not be liable for any payment We make or actions We take before We receive Written Notice of an assignment. An assignment is subject to any Policy Debt.

NONPARTICIPATING POLICY. This policy does not participate in company profits. No dividends will be paid under this policy.

COMPUTATIONS. Minimum Policy Values are based on maximum cost of insurance rates, maximum expense charges and the guaranteed interest rate shown on the Schedule Page. All interest rates shown on the Schedule Page are annual effective rates unless otherwise stated.

BASIS OF GUARANTEED VALUES. The values of this policy will not be less than the minimum values and benefits required by the state where this policy is delivered. The basis of charges and the method of computation has been filed with the insurance supervisory official of the state in which this policy is delivered.

ANNUAL REPORT. At least once a year We will send You an annual report at no charge. The annual report will provide the following information at a time not more than four months prior to the date of mailing for the period since the last report:

- (1) the beginning and ending date of the current report period;
- (2) the Policy Value, Cash Value and Surrender Value at the beginning of the period;
- (3) the Death Benefit on each life covered by the policy, Policy Value, Policy Debt, Cash Value and Surrender Value at the end of the period;
- (4) the current Specified Amount;
- (5) premium payments made, partial withdrawal amounts, Surrender Charges, cost of riders, if any, Monthly Deductions taken and any other charges since the last Annual Report;
- (6) the amount of any policy loan(s) taken since the last Annual Report;

- (7) notice if the Policy Value is insufficient to maintain the policy in force until the end of the next reporting period; and
- (8) any other information required by Your State Insurance Department or by federal law will also be included in the annual report.

The end of the report period will not be more than four months previous to the date of mailing the report.

ILLUSTRATIVE REPORT. You may request a projection of illustrative future benefits and values at any time. There will be no charge for this report on an annual basis. If You request this report more frequently than annually, We will charge a \$30.00 service fee per each additional report.

MATURITY DATE. The policy will mature on the date shown on the Schedule Page. If the Insured is living on the Maturity Date, the Surrender Value will be paid to the Owner, and this policy will terminate.

CONFORMITY WITH STATE LAW. Any provision of the policy that, on the Date of Issue, conflicts with the laws of the state where the policy is delivered, is amended to meet the minimum requirements of such laws. The state law where the application for the policy is taken supersedes any conflicting laws of any other state where the Owner may live on or after the Date of Issue.

TERMINATION. This policy will terminate and all insurance will stop:

- (1) on the date We receive Written Notice to terminate the policy; or
- (2) when a required premium is not received before the end of the Grace Period; or
- (3) when the outstanding Policy Debt exceeds the Cash Value; or
- (4) when the Insured dies; or
- (5) when this policy matures.

PAYMENT OF POLICY BENEFITS

METHOD OF PAYMENT. Policy benefits will be paid in one sum or under an elected payment plan. Benefits of less than \$2,500 may not be applied under any payment plan. The plans available are listed in the next section.

The proceeds of this policy at the time payment will commence will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

PAYMENT PLANS.

- (1) **Installments of Specific Amount (Option 1).** Payment will be made in equal monthly installments of a Specific Amount. They will continue until the benefits with interest are paid. The final payment will not be more than the unpaid balance.
- (2) **Installments of a Specific Period (Option 2).** Payment will be made in equal monthly installments over a period of one to 30 years. Table I shows the amount of each installment for each \$1,000 of benefits.

TABLE I

<u>Years*</u>	<u>Monthly Payment</u>	<u>Years*</u>	<u>Monthly Payment</u>
1	\$84.28	10	\$9.39
2	42.66	15	6.64
3	28.79	20	5.27
4	21.86	25	4.46
5	17.70	30	3.93

* Other years available on request. Payment option rates are based on 2.5% interest.

- (3) **Life Income for a Certain Period (Option 3).** Payment will be made in equal monthly installments for a selected certain period. This period may be for 10, 15 or 20 years. They will continue to be made past this period as long as the payee is alive. Table II shows the amount of each payment for each \$1,000 of benefits. They are based on the age nearest birthday and gender of the payee at the time payments begin. If the payee's age or gender is misstated appropriate changes will be made in the remaining payments. We reserve the right to require proof that a payee is living on any payment due date.

TABLE II

Age*	MALE			FEMALE		
	10 Years	15 Years	20 Years	10 Years	15 Years	20 Years
50	\$3.80	\$3.76	\$3.70	\$3.56	\$3.54	\$3.51
51	3.87	3.82	3.76	3.62	3.59	3.56
52	3.94	3.89	3.81	3.68	3.65	3.61
53	4.01	3.96	3.87	3.74	3.72	3.67
54	4.09	4.03	3.94	3.81	3.78	3.73
55	4.17	4.10	4.00	3.89	3.85	3.79
56	4.26	4.18	4.06	3.96	3.92	3.85
57	4.35	4.26	4.13	4.04	3.99	3.92
58	4.45	4.35	4.19	4.13	4.07	3.98
59	4.55	4.44	4.26	4.22	4.15	4.05
60	4.66	4.53	4.33	4.31	4.24	4.12
61	4.77	4.62	4.40	4.41	4.33	4.20
62	4.89	4.72	4.46	4.51	4.42	4.27
63	5.02	4.81	4.53	4.63	4.52	4.34
64	5.15	4.91	4.60	4.74	4.61	4.42
65	5.28	5.02	4.66	4.87	4.72	4.49
66	5.42	5.12	4.72	5.00	4.82	4.56
67	5.57	5.22	4.78	5.14	4.93	4.63
68	5.72	5.33	4.84	5.28	5.04	4.70
69	5.88	5.43	4.89	5.43	5.16	4.77
70	6.05	5.53	4.94	5.59	5.27	4.83
71	6.21	5.63	4.99	5.76	5.39	4.89
72	6.38	5.73	5.03	5.94	5.50	4.95
73	6.56	5.82	5.07	6.12	5.62	5.00
74	6.73	5.91	5.10	6.31	5.73	5.05
75	6.91	6.00	5.13	6.51	5.83	5.09
76	7.09	6.08	5.16	6.71	5.93	5.12
77	7.27	6.15	5.18	6.91	6.03	5.15
78	7.44	6.22	5.20	7.11	6.11	5.18
79	7.61	6.28	5.22	7.31	6.19	5.20
80	7.78	6.34	5.23	7.51	6.27	5.22

*Other ages available on request.

- (4) **Interest Income (Option 4).** We will hold the benefits for an agreed upon period. During this period we will make monthly interest payments of \$2.46 for each \$1,000 of benefits held by Us. All but not part of the benefits may be withdrawn at any time prior to the end of the agreed period. Payment option rates are based on 2.5% interest.

PAYMENT PLAN ELECTIONS.

- (1) **Right to Elect Payment Plans.** A request for a payment plan must be in writing. It may be elected by:
- a. the Owner during the lifetime of the Insured.
 - b. a primary or contingent Beneficiary to whom benefits become payable, if no election is in effect on the date of death of the Insured.

After a payment plan is effective it cannot be changed.

- (2) **Effective Date.** A plan elected before the benefits are payable will be effective on the date they become payable. If elected after that time, it will be effective when we receive the request for the election at Our Home Office. The first payment under Options 1, 2 and 3 is due on the date the plan becomes effective. Under Option 4 interest will be calculated from that date with the first payment due one month after the plan becomes effective.
- (3) **Amount and Period Limits.** If monthly payments are less than \$10 we may change the frequency of payments to bring the amount of each payment up to at least \$10. Under Options 1, 2 and 4 no election will be for a period longer than 30 years.
- (6) **Payment Frequency.** Instead of monthly payments a quarterly, semiannual or annual frequency may be elected.

PAYMENT PLAN RATES. Benefits will earn interest at an annual effective rate of not less than 2.0%. One year after a plan becomes effective and every year after that this rate may be increased upon approval of Our Board of Directors. Under Option 3, no interest in excess of 2.0% will be paid after all the installments for the selected certain period have been paid.

PAYEES.

- (1) **Death Benefit.** This benefit will be paid to the designated beneficiaries. If any Beneficiary dies before the Insured, the interest of that Beneficiary will be paid to the Owner or the Owner's estate unless otherwise requested.
- (2) **Surrender or Maturity Proceeds.** These proceeds will be paid to the Owner.
- (3) **Assignment.** The interest of any payee will be subject to any assignment regardless of when the assignment is made.

CLAIMS OF CREDITORS. So far as permitted by law, no amount payable under this policy will be subject to the claims of creditors of any payee.

DEATH OF PAYEE UNDER PAYMENT PLANS. If the payee dies before receiving the benefits stated under the payment plan elected we will make a one sum payment to the estate of the payee unless other arrangements have been made in the election. The amount of this payment will be as follows:

- (1) Under Option 1, 2 or 3, it will be the present value at an effective rate of 2.0% of any unpaid installments. Under Option 3 this only applies to the unpaid installments for the selected certain period.
- (2) Under Option 4 it will be the unpaid benefits and any accrued interest.

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FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE PLAN
issued by

KEMPER INVESTORS LIFE INSURANCE COMPANY
whose Home Office address is

[Schaumburg, Illinois 60196-6801]

Administrative Office: [7045 College Boulevard, Overland Park, Kansas 66211-1523]

Adjustable Death Benefit

Life Insurance Amount Payable at Death of Insured Prior to Maturity

Flexible Premiums Payable During Lifetime of the Insured

Nonparticipating/No Dividends